RESOURCE AND PATIENT MANAGEMENT SYSTEM

Clinical Reporting System (CRS)
For FY 2006 Clinical Measures (BGP)

User Manual

Version 6.1
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Office of Information Technology
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PREFACE

This manual contains the user manual for the CRS Clinical Reporting System version 6.1, which adds FY 2006 clinical performance measures to existing FY 2002 through FY 2005 measures.

The CRS Clinical Reporting System is an RPMS (Resource and Patient Management System) software application designed for national reporting as well as local and Area monitoring of clinical GPRA and developmental measures. CRS was first released for FY 2002 performance measures (as GPRA+) and is based on a design by the Aberdeen Area (GPRA2000).

The Government Performance and Results Act (GPRA) requires Federal agencies to report annually on how the agency measured up against the performance targets set in its annual Plan. IHS GPRA measures include measures for clinical prevention and treatment, quality of care, infrastructure, and administrative efficiency functions. The CRS Clinical Reporting System is the reporting tool used by the IHS Office of Planning and Evaluation to collect and report clinical performance results annually to the Department of Health and Human Services (DHHS) and to Congress.

Each year, an updated version of CRS software is released to reflect changes in the logic descriptions of the different denominators and numerators. Additional performance measures may also be added. Local facilities can run reports as often as they want to and can also use CRS to transmit data to their Area. The Area Office can use CRS to produce an aggregated Area report for either annual GPRA or Area Director Performance reports.

The CRS Clinical Reporting System will produce reports on demand from local RPMS databases for both GPRA and developmental clinical performance measures that are based on RPMS data. CRS is intended to eliminate the need for manual chart audits for evaluating and reporting clinical measures. Administrative and clinical users will be able to review individual or all measures at any time, and can:

- identify potential data issues in their RPMS, i.e., missing or incorrect data;
- monitor their site's performance against past national performance and upcoming agency goals;
- identify specific areas where the facility is not meeting the measure in order to initiate business process or other changes;
- quickly measure impact of process changes on performance measures;
- identify areas meeting or exceeding measures to provide lessons learned.

To produce reports with comparable data across every facility, the GPRA measure definition was "translated" into programming code with the assistance of clinical subject matter experts. CRS uses pre-defined taxonomies to find data items in PCC to determine if a patient meets the performance measure criteria. Taxonomies contain groups of codes (e.g., diagnoses or procedures) or site-specific terms. Each performance measure has one or more denominators and numerators defined.

CRS is intended for use by Area and site Quality Improvement staff, Compliance Officers, GPRA Coordinators, clinical staff such as physicians, nurses, nurse practitioners, and other providers, Area Directors, as well as any staff involved with quality assurance initiatives.

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1.0 About This Manual

This manual provides user instructions for the CRS Clinical Reporting System version 6.1 (FY 2006 Clinical Performance Measures).

The chapters included in the manual cover the main components of this system:

- System set up, including taxonomies and site parameters
- Using the report option to produce different reports: National GPRA, Selected Measures, CMS, GPRA Performance, HEDIS Performance, Elder Care, and Taxonomy reports.
- Exporting and aggregating Area-level data for National GPRA, HEDIS Performance, and Elder Care reports.

Refer to the Administrator Manual for information on the logic used and sample output for each individual performance measure.

1.1 Key Changes for Version 6.1

Changes to GPRA measures reported to Congress include:

- **Diabetes: Glycemic Control:** Revised GPRA 2006 target from "maintain" to a national rate of 32% (FY05 rate was 30%).
- **Diabetes: Lipids Assessment:** Revised GPRA 2006 target from "increase" to 56% (FY05 rate was 53%).
- **Diabetes: Nephropathy Assessment:** (1) Revised GPRA 2006 target from "increase" to 50% (FY05 rate was 47%), (2) added CPT codes to microalbuminuria definition, (3) included patients diagnosed with ESRD in numerator (i.e. meeting the measure).
- **Diabetic Retinopathy:** Added POV code for Other Eye Exam definition.
- **Childhood Immunizations:** (1) Revised denominator for GPRA measure from Active Clinical to Patients Active in the Immunization Package, (2) revised required number of doses for Hepatitis B from 3 to 2 IF documented with CPT 90743, (3) added pneumococcal conjugate as new numerator and added it to the "all immunizations" numerator.
- **Pap Smear:** (1) Deleted CPT 59525 from and added procedure code 68.9 to hysterectomy definition, (2) corrected logic to accept V72.3 code in numerator ONLY for visits prior to 10/1/04, (3) fixed problem in hysterectomy exclusion logic that was only checking for procedure code 68.5 and not all codes in the range of 68.50-68.59.
- **Colorectal Cancer Screening:** (1) Removed CPT 74270 for DCBE and refusal of DCBE, (2) added CPTs 45391 and 45392 for Colonoscopy, (3) added denominator exclusion for total colectomy, (4) revised timeframe for FOBT from past 2 years to past year, (5) added ICD-9 procedure code 45.43 to colonoscopy definition, (6) removed V Radiology refusal logic for FOBT,

flexible sigmoidoscopy, and colonoscopy since there is no process to refuse these procedures in Radiology.

- **Tobacco Cessation:** Fixed problem with not counting in denominator patients with old codes 305.10-305.12 (i.e. tobacco users), even though the codes were in the logic.
- **Alcohol Screening (FAS Prevention):** (1) Revised GPRA 2006 target from "increase" to 12% (FY05 rate was 11%), (2) changed method for calculating refusal numerator rate (# w/documented refusal in past year / patients screened for alcohol use or with a document refusal).
- **IPV/DV Screening:** (1) Revised GPRA 2006 target from "increase" to 14% (FY05 rate was 13%), (2) changed method for calculating refusal numerator rate (# w/documented refusal in past year / patients screened for domestic violence or with a document refusal).
- **Depression Screening**: (1) Added separate, non-GPRA numerator for patients with depression-related patient education, (2) changed method for calculating refusal numerator rate (# w/documented refusal in past year / patients screened for depression or with a document refusal).
- **Cardiovascular Disease and Cholesterol Screening:** Revised GPRA 2006 target from "increase" to 44% (FY05 rate was 43%).
- **Prenatal HIV Testing:** (1) Added code 042 for HIV diagnosis, (2) added for HIV test definition CPTs 87534-87539, (3) revised GPRA 2006 target from "increase" to 55% (FY05 rate was 54%).

Other National GPRA changes include:

- Added the following non-GPRA measures to the National GPRA report:
    - CVD and Blood Pressure Control
    - Beta-Blocker Treatment After AMI
    - Persistence of Beta-Blocker Treatment After AMI
    - LDL After Cardiovascular Event
    - Prediabetes/Metabolic Syndrome
- Split the National GPRA report export files that are sent to California Area for each quarterly report into the three files shown below. Deleted the GPRAEX file.
    - GPRANT1 – Contains all measures reported to Congress.
    - CRSNT1 – One of two files containing non-GPRA measures in the National GPRA report.
    - CRSNT2 – The second file containing non-GPRA measures in the National GPRA report.
- Revised Childhood Height and Weight export file that is created automatically when National GPRA report is run and data export to the Area Office to include height and weight data for all Active Clinical patients and added

option for facilities to create a file locally for their use. Renamed file to Height and Weight export file.

- Revised the Comprehensive National GPRA Patient List to show only GPRA measures reported to Congress that each patient did not meet. Also fixed problem when the list was run by the Designated Provider option. Previously the list displayed all patients instead of only patients designated to a provider selected by the user.

- Added new option (NST) to save a National GPRA Patient List to a search template.

New performance measures (all non-GPRA) include:

- Adolescent Immunizations[1]
- Appropriate Treatment for Children with Upper Respiratory Infection[2]
- Appropriate Testing for Children with Pharyngitis[3]
- Rheumatoid Arthritis Medication Monitoring
- Osteoarthritis Medication Monitoring
- Asthma and Inhaled Steroid Use

Changes to non-GPRA measures include:

- **Diabetes Comprehensive Care:** (1) Added new numerators for diabetic foot exam and controlled blood pressure, (2) added ESRD to numerator definition for nephropathy assessment, (3) added CPTs 83518 and 84166/81050 (requires both codes) to microalbuminuria definition for nephropathy assessment, (4) added POV code V72.0 to logic for Other Eye Exam for retinopathy exam, (5) added diabetic foot exam to all assessments numerator.
- **Tobacco Use and Assessment:** Added old codes 305.1* (305.10-305.13) back in for tobacco screening and codes 305.10-305.12 for tobacco users and smokers definition since patients in the baseline year may have been documented with those codes.
- **Antidepressant Medication Management:** (1) Replaced previous list of meds developed by IHS with a HEDIS-developed list of meds that is pre-populated by NDC, (2) renamed medication taxonomy to reflect the fact that it is a HEDIS developed taxonomy.
- **Controlling High Blood Pressure:** Added POV code 585 as old code for ESRD definition.
- **Comprehensive CVD-Related Assessment:** (1) Fixed problem for tobacco screening numerator that did not count patients with tobacco screening

[1] HEDIS-based measure.
[2] Ibid
[3] Ibid

documented with a health factor, (2) added old codes 305.1* (305.10-305.13) back in for tobacco screening since patients in the baseline year may have been documented with those codes.

- **Beta-Blocker Treatment and Persistence of Beta-Blocker Treatment After a Heart Attack:** (1) Revised COPD definition from 491.20-491.21 to 491.2*, (2) replaced previous list of medications developed by IHS with a HEDIS-developed list of medications that is pre-populated by NDC, (3) renamed beta-blocker medication taxonomy to reflect fact that it is based on HEDIS meds, not CMS.
- **Cholesterol Management for Patients with Cardiovascular Conditions:** (1) Renamed topic from Cholesterol Management After Acute CVD Event, (2) revised denominator to require diagnosis to first 10 months of year prior to report period begin date, (3) added IVD to denominator, (4) revised all numerators for LDL test to be done during any time during report period, (5) added CPTs 35600 and 33572 to CABG definition.
- **HIV Quality of Care:** (1) Added code 042 for HIV diagnosis, (2) added for CD4 test CPT codes 86359 and 86360.
- **Chlamydia Testing:** (1) Added codes 32001-0, 36902-5, 36903-3 to LOINC taxonomy and (2) added CPTs 86631 and 86632 for Chlamydia tests.
- **Osteoporosis Management:** (1) Fixed problem for treatment or testing numerator for fractures diagnosed at outpatient visit where logic was requiring the treatment or testing within 60 days of a fracture instead of 180 days (6 months) after the fracture, (2) added ICD 807.4 to identify fractures, (3) added POV V82.81 for bone mineral density test, (4) removed CPTs 76499 and 76999 for bone mineral density test, (5) deleted CPT codes 26600-26615 and 28400-28485 from fracture definition, (6) added to list of treatment meds Alendronate-Cholecalciferol (Fosomax Plus D), Ibandronate (Boniva), Fluoride, Vitamin D, Calcium Products, and Injectable Estrogens, (7) Replaced previous list of meds developed by Chris Lamer with the HEDIS-developed list of meds.
- **Osteoporosis Screening in Women:** Added POV V82.81 Special screening for other conditions, Osteoporosis, to osteoporosis screening definition.
- **Asthma Quality of Care:** (1) Revised definition for persistent asthma definition to meet requirements both during the report period and the year prior to the report period, (2) added ICD-9 code 491.22 to COPD definition, (3) added 5th criterion (persistent in ARS) for meeting persistent asthma definition, (4) per HEDIS 2006 logic, clarified denominator logic that looks at medications looks at a different (larger) set of medications than the medications for the numerator logic, (5) replaced existing three medication taxonomies (Controllers, Inhaled Steroids, and Leukotrienes) with taxonomies that were populated by HEDIS.
- **Prediabetes/Metabolic Syndrome:** (1) Revised Nephropathy Assessment numerator to match Diabetes: Nephropathy Assessment measure (i.e. added CPT codes to microalbuminuria definition and included patients diagnosed

with ESRD in numerator [i.e. meeting the measure], (2) revised Tobacco Screening numerator to match Tobacco Use and Exposure Assessment measure (i.e. added old codes 305.1* [305.10-305.13] back in for tobacco screening and codes 305.10-305.12 for tobacco users and smokers definition since patients in the baseline year may have been documented with those codes)

- **Medications Education:** Included M-PRX code by revising logic to check for all codes containing "M-". Also added codes: FP-DPO, FP-OC, ASM-NEB, ASM-MDI, PL-NEB, PL-MDI, or FP-TD.

Additional key enhancements and revisions include the following:

- **Updated CRS GUI:** The optional CRS graphical user interface (GUI) has been updated to include all functionality available in the roll-and-scroll version of CRS.
- **New MFI Site Parameter:** This site parameter will be displayed only for facilities within the Alaska Area and does not require any action for non-Alaska facilities. If an Alaska facility is running MFI and only wants to count in the denominators patients who have visits to locations within their service unit, the facility will select "Y" at this parameter.
- **Deleted EISS Site Parameter:** This site parameter was deleted since a decision was made not to display the CRS report data on the Executive Information Support System (EISS) on the IHS intranet.
- **CMS Report:** (1) Added logic to require users to have the BGPZ PATIENT LISTS security key in order to have this menu option displayed (and run the report), (2) added 7 new measures within the Heart Attack (AMI), Heart Failure, and Pneumonia categories, (3) changed logic to look for CPT and HCPCS codes in both V CPT and V Transaction Code files in PCC, where if an item is found in one of the two files, it will be counted, (4) corrected logic to display on second patient lists for AMI, Heart Failure, and Pneumonia medications that were prescribed during the period admission date through day prior to discharge date. Previously only medications prescribed within 12 months prior to admission and on or up to 30 days after discharge were displayed. Now all medications prescribed 12 months prior to admission date through 30 days after discharge date will be displayed.

- **All Patient Lists by Designated Provider – Delimited Format:** Added name of designated provider to the patient list.

- **All Patient Lists – Random:** Revised list to display all patients if number of patients is less than 100. Otherwise, it displays every tenth patient in the list.

2.0 Orientation

The following are some common terms and abbreviations used in this manual.

Active Clinical CHS Patients: the basic denominator definition used by CRS when the CHS-Only Site Parameter is set to "Yes". The Active Clinical CHS definition was developed specifically for facilities that provide only Contract Health Services to its patients and the majority of its patients do not meet the Active Clinical denominator definition. See section 3.2.3.2 for detailed description of the denominator.

Active Clinical Patients: the basic denominator definition used by CRS. The Active Clinical definition was developed specifically for clinical performance measures because it was felt to be more representative of the active clinical population than the standard GPRA User Population definition. See section 3.2.3.1 for detailed description of the denominator.

AI/AN: Abbreviation for American Indian and Alaska Natives.

ASUFAC Code: The six-digit code representing the **A**rea, **S**ervice **U**nit and **Fac**ility location for any individual direct, tribal or urban healthcare location. The ASUFAC is used by CRS to identify the site creating the reports.

Baseline Year: CRS calculates and reports on results for and comparisons between three time periods for each measure: the Current Year (defined by the user); the Previous Year; and the Baseline Year (defined by the user). For the National GPRA report, baseline information will be determined by the Office of Planning and Evaluation and provided to sites prior to report deadlines.

BGP: The technical name of the CRS software, otherwise referred to as the "namespace" for the RPMS component. (A namespace is a unique set of two to four alpha characters assigned by the database administrator to a software application.)

CPT Codes: One of several code sets used by the healthcare industry to standardize data, allowing for comparison and analysis. Current Procedural Terminology was developed and is updated annually by the American Medical Association and is widely used in producing bills for services rendered to patients. CPTs include codes for diagnostic and therapeutic procedures, and specify information that differentiates the codes based on cost. CPT codes are the most widely accepted nomenclature in the United States for reporting physician procedures and services for federal and private insurance third-party reimbursement. CRS searches for CPT and other codes as specified in the logic definition to determine if a patient meets a denominator or numerator definition.

CRS: CRS (Clinical Reporting System) is a component of the RPMS (Resource and Patient Management System) software suite. CRS provides sites with the ability to report on GPRA and developmental clinical measures from local RPMS databases.

Denominator: The denominator for a performance measure is the total patient population being reviewed to determine how many (what percentage) of the total meet the definition of the measure. Different measures have different denominators, e.g., all patients or all adult diabetic patients or all female patients between certain ages.

Developmental Measures: For IHS, these are clinical performance measures that are being tested for possible inclusion as formal GPRA measures. The purpose of developmental measures is to test over two to three years whether accurate data can be reported and measured.

FY: Abbreviation for Fiscal Year. The fiscal year for the federal government is October 1 through September 30.

GPRA: Abbreviation for Government Performance and Results Act, a Federal law requiring Federal agencies to document annually their goals and progress towards their goals. See section 3.1.1 for detailed description.

GPRA Measure: Performance measures specifically identified in the IHS Annual Performance Plan to Congress. Each measure has one denominator and one numerator. For FY 2006, the IHS has 36 GPRA measures in three main categories: Treatment (21), Prevention (12), and Capital Programming/Infrastructure (3). These measures address the most significant health problems facing the AI/AN population.

GPRA Report to Congress: IHS, as well as all other Federal agencies, provides an annual report to Congress in conjunction with its next year budget request to document how well and cost effectively the agency meets its defined mission. The report has three parts: 1) reporting on how many of the previous fiscal year measures were met and explanations for those measures not met; 2) providing final definitions for performance measures for the current fiscal year; and 3) providing any proposed additions, deletions and definition changes to measures for the following fiscal year. Aggregated data from the future CRS version 6.1 (FY06) will be used to report most clinical measures in the FY 2006 Performance Report.

GPRA User Population: The standard User Population definition was developed by IHS to define its core population for statistical reporting to Congress. CRS uses a slightly different definition, referred to as the GPRA User Population, which is defined as any AI/AN patient who is alive during the entire report period and residing in the defined community with at least one visit to any clinic in the three years prior to the end of the Report period. Most measures included on the National GPRA Report use the Active Clinical population definition. See section 3.2.3 for detailed description of the two denominators.

GUI: Abbreviation for graphical user interface, which is a Windows-based version of the CRS application. The GUI is available in addition to the character-based user interface (CHUI, also known as roll-and-scroll).

Healthy People 2010 (HP 2010): HP 2010 presents a comprehensive, nationwide health promotion and disease prevention agenda under the direction of the U.S. Department of Health and Human Services. HP 2010 performance indicator definitions and related targets are used by many healthcare organizations, including IHS, as the basis for its own clinical performance measures.

HEDIS: Health Plan Employer Data and Information Set (HEDIS®). HEDIS is a set of standardized performance measures originally designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed health care plans. HEDIS has evolved into focusing on healthcare prevention standards.

I/T/U: Abbreviation referring to all IHS direct, tribal, and urban facilities. Using the abbreviation I/T/U generally means that all components of the Indian health care system are being referred to, not just IHS direct sites.

ICD Codes: One of several code sets used by the healthcare industry to standardize data. The International Classification of Disease (ICD) is an international diagnostic coding scheme. In addition to diseases, ICD also includes several families of terms for medical-specialty diagnoses, health status, disablements, procedure and reasons for contact with healthcare providers. IHS currently uses ICD-9 for coding. CRS searches for ICD and other codes as specified in the logic definition to determine if a patient meets a denominator or numerator definition.

Logic: The detailed definition, including specific RPMS fields and codes, of how the CRS software defines a denominator or numerator.

LOINC: Logical Observations, Identifiers, Names, and Codes. A standard coding system originally initiated for Laboratory values, the system is being extended to include non-laboratory observations (vital signs, electrocardiograms, etc.). Standard code sets are used to define individual tests and mitigate variations in local terminologies for lab and other healthcare procedures, e.g., Glucose or Glucose Test. IHS began integrating LOINC values into RPMS in several pilot sites in 2002.

National GPRA Report: In CRS, the National GPRA Report is a report that includes the specific denominator and numerator from each of the clinical performance measure topics included in the IHS GPRA performance plan and other key developmental (i.e., non-GPRA) measures. The National GPRA Report can be run and printed locally for site use or can be simultaneously printed at the site and exported to the Area for use in an Area aggregate report.

Numerator: The numerator is the number of patients from the denominator, i.e., the total population surveyed, who meet the logic criteria for a performance measure.

Patient List: CRS will produce for each measure a list of patients related to the specific measure. Most patient lists include patients from the denominator with any visit dates and/or codes that identifies them as meeting the measure. Patient lists are a

good way to identify patients who need a procedure or test, e.g., patients ages 50 and older who have not received Influenza vaccinations.

Performance Measure: A specific performance measure with one defined denominator and numerator. Measures are definitions of specific measurable objectives that can demonstrate progress toward the goals stated in an organization's strategic and/or performance plans.

Performance Measure Topic: An overarching clinical topic, e.g., Diabetes: Blood Pressure Control. Each topic may have multiple denominators and numerators that are related to the topic. For example, the Diabetes: Blood Pressure topic has three numerators: 1) how many diabetic patients had a minimum of two (2) blood pressure values in the past year; 2) how many patients had controlled BP, defined as mean BP value less than 130/80; and 3) how many patients had uncontrolled BP. Out of these three, the GPRA measure is Controlled Blood Pressure.

PIT (Performance Improvement Team): Facilities will have different names for their PITs, including GPRA Improvement, Quality Improvement, or other similar phrases. A PIT should represent members from all areas of the clinic staff, including providers (physicians, nurses, physician assistants, pharmacists, etc), medical records staff, data entry staff, quality assurance staff, Site Managers or other information technology staff, etc.

QI: Abbreviation for quality improvement.

Report Period: CRS reports analyze and report on a minimum of one year's data for all performance measures. In all reports except the National GPRA report, users define the Report period by selecting one of the pre-defined date ranges and entering the fiscal year of the end of the reporting period. For example, selecting July 1 – June 30 with a fiscal year of 2006 will define July 1, 2005 – June 30, 2006 as the Report Period. All CRS reports also display the Previous and Baseline periods for comparison.

Selected Measures Report (CRS): This type of report displays results for all denominators and numerators related to the one or more performance measure topics (GPRA and/or developmental) selected by the user. CRS documents the number of patients in the denominators and numerators as well as the percentage of patients meeting the definition. The report compares performance for three time periods: Current Year (user defined), Previous Year, and Baseline Year (user defined). Selected Measures reports can also produce patient lists at user request.

Taxonomy: Taxonomies are groupings of functionally related data elements, such as specific codes, code ranges, or terms, that are used by various RPMS applications to find data items in PCC to determine if a patient meets a certain criteria. To ensure comparable data within the agency as well as to external organizations, as much CRS measure logic as possible is based on standard national codes, such as CPTs or ICD-9. For terminology that is not standardized across each facility, such as lab tests or

medications, CRS uses taxonomies that can be populated by each individual facility with its own codes.

3.0 Introduction

The CRS Clinical Reporting System is an RPMS (Resource and Patient Management System) software application designed for local and Area monitoring of clinical performance measures in a timely manner.

Because definitions of clinical performance measures can change every year, CRS will be updated and released annually. The current version BGP 6.1 adds FY 2006 clinical performance measures to existing FY 2005 through FY 2002 measures.

3.1 Clinical Performance Assessment and GPRA

Performance assessment measures what an organization does and how well it does it. For a healthcare organization, such as the Indian Health Service, this means measuring how well we deliver healthcare services to our population, measured by documentable improvement in various standard health measures. Standardized clinical performance measures provide a systematic approach to health improvement for our organization. Results from performance assessment are used internally within the IHS, at national and local levels, to support and guide performance improvement in those clinical areas that need it. Performance results are also needed externally to demonstrate accountability to an organization's stakeholders; for IHS, this means Congress and the current Administration. Since clinical care is provided in the field, understanding and reporting on clinical performance measures can no longer be solely the concern of IHS Headquarters staff.

3.1.1 What Is GPRA?

Since 1955, the IHS has demonstrated the ability to utilize limited resources to improve the health status of the American Indian and Alaska Native people by focusing on preventive and primary care services. The IHS, like all Federal agencies, is under increasing pressure to demonstrate progress in a measurable way towards its mission and goals. The current Administration is actively promoting agency accountability and is tying agency budgets to performance as one of five key initiatives within the President's Management Agenda (PMA).

The Government Performance and Results Act (GPRA) requires Federal agencies to demonstrate that they are using their funds effectively toward meeting their missions. The law requires agencies to have both a 5-year Strategic Plan in place and to submit Annual Performance Plans describing specifically what the agency intends to accomplish toward those goals with their annual budget. Every year, the agency reports on how the agency measured up against the performance targets set in the Plan.

Appropriately for a healthcare organization, most IHS GPRA measures describe clinical treatment and prevention measures. The performance measures address the most significant health problems facing the American Indian and Alaska Native (AI/AN) population as identified by representatives of the local I/T/U programs as

well as management areas of the President's Management Agenda. For FY 2006, the IHS has 36 GPRA measures in three main categories: Treatment (21), Prevention (12), and Capital Programming/Infrastructure (3).

Performance measures are further characterized by type.

Process Measures	Activities and health services that contribute to reducing mortality and morbidity Examples – construction of clinics, identification of prevalence of disease, patient satisfaction surveys
Impact Measures	Scientific evidenced-based link to improved health outcomes by reducing risk factor of mortality or morbidity Examples – immunizations, dental sealants, safe drinking water, cancer screenings
Outcome Measures	Directly relate to reducing mortality or morbidity relative to a disease or condition that program(s) addresses Examples – reducing prevalence of obesity, diabetic complications, unintentional injury

All GPRA measures are determined annually by the GPRA Coordinating committee, with input from specific subject matter experts in various subject areas. Teleconferences and meetings are held regularly to review, discuss and edit or add performance measures. The Office of Management and Budget (OMB) has requested that IHS reduce process measures and increase outcome measures. Potential (developmental) measures for emerging areas of clinical concern to IHS, such as HIV, are proposed, discussed and refined over several months and may change definition several times before being included as a formal GPRA measure. One of the criteria for adding new measures is that they are measurable; for clinical measures, this means that performance data can be gathered by using RPMS data.

See Appendix A: FY05 – FY07 GPRA Measures for a complete list of FY 2006 GPRA measures. Further information about GPRA performance reporting, including results for FY 2001 through FY 2005 can be found at the following Web site:

http://www.ihs.gov/NonMedicalPrograms/PlanningEvaluation/pe-gpra.asp.

3.1.2 Clinical Performance Measures

Most of the 36 IHS GPRA measures are clinical. The majority of the GPRA performance measures have a denominator and a numerator defined. The denominator is the total population being reviewed; the numerator is the number of patients from the denominator who meet the definition of the measure. Some, however, just have a numerator and are just a count, such as Sealants and Topical Fluoride.

The Treatment category includes measures covering: diabetes, cancer, behavioral health, oral health, accreditation, and medications. An example of a treatment measure is Diabetes: Blood Pressure Control. The FY 2006 goal for this measure is to maintain the proportion of patients with diagnosed diabetes that have achieved blood pressure control at the FY 2005 level. (Blood pressure control is defined as the mean of at least 2 non-ER blood pressure values less than 130/80). The IHS FY 2005 national rate was 37.0%; the Healthy People 2010 goal is 40% (see section 3.1.3 Comparing Ourselves to National Guidelines).

The Prevention category includes measures covering: public health nursing, immunization, injury prevention, behavioral health, cardiovascular disease, obesity, tobacco use, and HIV. An example of a prevention measure is Adult Immunizations: Influenza. The FY 2006 goal for this measure is to maintain FY 2005 influenza vaccination rates among non-institutionalized adult patients aged 65 years and older. The IHS FY 2005 rate was 59%; the Healthy People 2010 goal is 90%.

Measure example: GPRA Measure Cancer Screening: Pap Smear Rates: During FY 2006, maintain the proportion of female patients ages 21 through 64 without a documented history of hysterectomy who have had a Pap screen within the previous three years at the FY 2005 level (60.0%).

The denominator is the total population that is being reviewed for a specific measure. For the Pap Smear measure, the denominator is all female patients ages 21 through 64 at the beginning of the Report period. The numerator is the number of patients in the denominator who meet specific criteria. For Pap Smear, the numerator is the number of patients in the denominator who had either a Pap smear, defined by certain codes, documented in RPMS any time in the three years prior to the end of the report period or a refusal of a Pap smear in the past year. (See section 3.2.4 Performance Measure Logic Example for detailed description of performance measure logic.)

In addition to the formal denominator and numerator for a GPRA measure, there may be other denominators and numerators clinically related to the topic. For the Treatment measure cited above, Diabetes: Blood Pressure Control, three separate denominators (patient populations) are examined. The GPRA denominator is Active Diabetic patients. The other two denominators that are reviewed for any Diabetes measure are User Population and Active Adult Diabetic patients. (See the Administrator Manual, section 2.0 for detailed logic definitions of the denominators.) In addition to the GPRA numerator, patients with controlled BP, two related numerators are tracked: 1) patients with documented blood pressure in past year (mean of either two or three non-ER visit blood pressure values); and 2) patients with blood pressure that is not controlled. Reviewing all the denominators and numerators for the Diabetes Blood Pressure Control measure topic gives a site's clinical staff a more comprehensive picture of the status of blood pressure control among diabetic patients.

Because the number of formal GPRA measures for the Indian Health Service is limited by direction from the Office of Management and Budget (OMB), not all

healthcare issues relevant to the American Indian and Alaska Native patient population are defined. Developmental measures that address emerging healthcare issues within the IHS have been defined for the agency. Some of these developmental measures will become formal GPRA measures in future years. For FY06, developmental measures have been defined for CVD-Related Assessment (GPRA in FY07), asthma, Chlamydia screening, chronic kidney disease assessment, and medical nutrition education.

Required performance reporting provides the agency with a rationale and timeline to establish and maintain an ongoing process to identify, measure, and evaluate performance measure results. By establishing a feedback loop of results evaluation and performance measure refinement or redefinition based on evidence-based criteria, we can ensure that IHS clinical measures mirror our key areas of concern for the AI/AN population and contribute to improving health of individuals as well as populations.

3.1.3 Comparing Ourselves to National Guidelines

Appropriately for a healthcare organization, most IHS GPRA measures describe clinical treatment and prevention measures. In order to improve health status, the I/T/U system must be able to make comparisons both within the I/T/U system and the larger medical community. The adoption of comparable health outcome measures that are used by others, such as HEDIS® or Healthy People 2010, will help in this endeavor.

Healthy People 2010. HP 2010 presents a comprehensive, nationwide health promotion and disease prevention agenda under the direction of the U.S. Department of Health and Human Services. Through 467 objectives in 28 focus areas, HP 2010 represents the ideas and expertise of individuals and organizations concerned about the Nation's health. Each objective, or measure, was developed with a target to be achieved by the year 2010. HP 2010 objectives have certain attributes, including: important and understandable, prevention oriented, useful and relevant, measurable, and supported by sound scientific evidence. Additional information about Healthy People 2010 can be found at http://www.healthypeople.gov/.

The Health Plan Employer Data and Information Set (HEDIS®). HEDIS is a set of standardized performance measures, originally designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed health care plans. HEDIS did not start out being about prevention, per se, but it has evolved to be a de facto tool for measuring the quality of prevention services provided by a healthcare organization. The performance measures in HEDIS are related to many significant public health issues such as cancer, heart disease, smoking, asthma, and diabetes. HEDIS also includes a standardized survey of consumers' experiences that evaluates plan performance in areas such as customer service, access to care, and claims possessing. HEDIS is sponsored, supported, and maintained by the National Committee for Quality Assurance (NCQA), a not-for-profit organization dedicated to improving health care quality everywhere.

Additional information about NCQA and HEDIS can be found at http://www.ncqa.org/index.htm.

IHS uses both Healthy People 2010 and HEDIS, in addition to other clinical guidelines, to define clinical performance measures and set levels for performance. CRS provides HP 2010 target information on the report for as many of the measures included in CRS as are available. CRS 2006 (BGP v6.1) includes a specific HEDIS report that can be produced.

3.2 CRS Overview

Collecting and reporting comparable data across all direct IHS, tribal and urban sites (I/T/Us), as well as to the larger healthcare community, is essential to the process of measuring and communicating health status and performance improvement. Improved data collection and quality provide consistent data across all I/T/Us and are critical to providing better patient care, as well as timely and accurate performance measures.

The Clinical Reporting System is a software tool that provides reports for local site and Area use specifically on clinical performance measures that are based on data from the IHS Resource and Patient Management System (RPMS). For FY06, CRS reports on 21 GPRA and 29 developmental/other clinical measure topics. Each measure topic has one or more denominators and numerators defined. The denominator is the total population being reviewed; the numerator is the number of patients from the denominator who meet the logic criteria. Detailed logic for each performance measure is described in the Administrator Manual, section 2.0, Performance Measure Logic.

3.2.1 How Does CRS Work?

CRS produces on demand from local RPMS databases a printed or electronic report for any or all of over 200 GPRA and developmental clinical performance measures, representing 50 clinical topics that are based on RPMS data. Reports display the total numbers (count) in both the denominator (total patient population evaluated) and the numerator (patients who meet the measure criteria) as well as the percentage of total patients in the numerator.

Reports also compare the site's performance numbers in the current report period (user defined) to the previous period and to a user-defined baseline period. The purpose of having three time periods for comparison is always to be able to compare exactly the same logic across time periods. Since the details of performance measure logic may change somewhat each year, it is not accurate to compare a performance measure from CRS FY05 to the same measure from CRS FY06. The three time periods allow truly comparable data.

The National GPRA report provides a summary of the local GPRA measure results compared to national performance and agency goals. Users can also request patient

lists for each of the measures, displaying patients who do or do not meet the measure criteria. In addition, a comprehensive report is available that lists all of the measures each patient did not meet.

A facility also can produce a data file for the National GPRA report for transmission to the Area office where an Area-wide aggregate report can be generated. (See Section 5.0 Reports and Patient Lists for detailed descriptions of the different report types.)

Because GPRA measures can change annually, CRS is updated and released annually to reflect any changes. The current version 6.1 adds FY 2006 performance measures to the existing FY 2005 through FY 2002 clinical performance measures.

The Clinical Reporting System is intended to eliminate the need for manual chart audits for evaluating and reporting the IHS clinical GPRA and developmental measures that are based on RPMS data. To produce reports with comparable data across every facility using CRS, the GPRA measure definition must be *translated* into programming code. This means that an English text expression must be defined specifically in terms of what RPMS fields to look at and what values to look for to fit the definition.

The logic that was provided to the CRS application programmer was developed in conjunction with various clinical subject matter experts for the different types of measures, i.e., the Diabetes Program reviewed and approved the logic for diabetes measures.

CRS has been described as a *scavenger hunt* for data, looking at as many RPMS applications and at as many fields as may be applicable to meet the measure. To ensure comparable data within the agency as well as to external organizations, as much performance measure logic as possible is based on standard national codes. These codes include ICD-9, CPT, LOINC, and national IHS standard codesets (e.g., Health Factors, patient education codes, etc.).

For terminology that is not standardized across each facility, such as lab tests or medications, CRS uses taxonomies that can be populated by each individual facility with its own codes. (See section 4.3 Taxonomy Check and Setup for detailed information about taxonomies.) **NOTE: Facilities that develop and use their own codes for IHS-specific functions such as Health Factors and patient education will find that these entries will not count toward meeting the measure.**

3.2.2 CRS Security Keys

In order for a user to have access to the CRS application, s/he must be assigned the BGPZMENU security key in RPMS. Other security keys that a user may need are listed below.

- **BGPZ PATIENT LISTS:** Enables a user to run lists of patients that contain patient identifiers and medical information.

- **BGPZ SITE PARAMETERS:** Enables a user to edit the site parameters.

- **BGPZ TAXONOMY EDIT:** Enables a user to edit the site-populated lab and medication taxonomies.

- **BGPZAREA:** Provides a user with access to the Area Office menu, where Area Aggregate reports may be run.

3.2.3 CRS Key Denominator Definitions

Each performance measure topic has one or more denominators and numerators defined. The denominator is the total population that is being reviewed for a specific measure.

The Active Clinical population is the denominator definition used for most GPRA measures. This denominator was developed in FY 2003 specifically for clinical measures because it was felt to be more representative of the active clinical population. **In FY 2006, a new CHS-Only site parameter was added that changes the definition of the Active Clinical population to an Active Clinical CHS population because facilities whose patients only receive Contract Health Services do not meet the requirements of the Active Clinical population.**

Prior to FY 2003, the GPRA User Population denominator definition was used. The GPRA User Population definition is similar to the agency IHS User Population definition, but not identical, to the definition used by IHS HQ for annual user population statistics. GPRA "visits" are not required to be workload reportable as defined by IHS HQ. The GPRA User Population is used as a secondary denominator in the local reports, as it represents a broader public health definition of a site's population.

For national GPRA reporting, only one denominator for each topic is reported. For Selected Measures reports for local use (see section 5.1.2), multiple denominators may be reported to provide a complete picture of clinical performance. Users also have additional options available to them to further refine denominator definitions.

3.2.3.1 Active Clinical Population for National GPRA Reporting

- Patients with the name of "DEMO,PATIENT" will automatically be excluded from the denominator.

- Must have *two* visits to *medical* clinics in the past three years. At least one visit must be to one of the following core medical clinics:

01	General	24	Well Child
06	Diabetic	28	Family Practice
10	GYN	57	EPSDT
12	Immunization	70	Women's Health
13	Internal Medicine	80	Urgent Care
20	Pediatrics	89	Evening

The second visit can be EITHER to one of the core medical clinics listed above OR to one of the following additional medical clinics:

02	Cardiac	37	Neurology
03	Chest And TB	38	Rheumatology
05	Dermatology	49	Nephrology
07	ENT	50	Chronic Disease
08	Family Planning	69	Endocrinology
16	Obstetrics	75	Urology
19	Orthopedic	81	Men's Health Screening
23	Surgical	85	Teen Clinic
25	Other	88	Sports Medicine
26	High Risk	B8	Gastroenterology - Hepatology
27	General Preventive	B9	Oncology - Hematology
31	Hypertension	C3	Colposcopy
32	Postpartum		

- Must be alive on the last day of the Report period.
- Must be American Indian/Alaska Native (AI/AN) (defined as Beneficiary 01). This data item is entered and updated during the patient registration process.
- Must reside in a community included in the site's "official" GPRA community taxonomy, defined as all communities of residence in the CHS catchment area specified in the community taxonomy specified by the user.

3.2.3.2 Active Clinical CHS Population for National GPRA Reporting

- Patients with the name of "DEMO,PATIENT" will automatically be excluded from the denominator.
- Must have 2 CHS visits in the 3 years prior to the end of the Report Period.
- Must be alive on the last day of the Report period.
- Must be American Indian/Alaska Native (AI/AN) (defined as Beneficiary 01). This data item is entered and updated during the patient registration process.

- Must reside in a community included in the site's "official" GPRA community taxonomy, defined as all communities of residence in the CHS catchment area specified in the community taxonomy specified by the user.

3.2.3.3 GPRA User Population for National GPRA Reporting

- Patients with the name of "DEMO,PATIENT" will automatically be excluded from the denominator.
- Must have been seen at least once in the three years prior to the end of the time period, regardless of the clinic type.
- Must be alive on the last day of the Report period.
- Must be American Indian/Alaska Native (AI/AN) (defined as Beneficiary 01). This data item is entered and updated during the patient registration process.
- Must reside in a community included in the site's "official" GPRA community taxonomy, defined as all communities of residence in the CHS catchment area specified in the community taxonomy specified by the user.

3.2.3.4 Active Clinical Population for Local Reports

- Patients with name "DEMO,PATIENT" will automatically be excluded from the denominator.
- Must have *two* visits to *medical* clinics in the past three years. At least one visit must be to one of the following core medical clinics:

01	General	24	Well Child
06	Diabetic	28	Family Practice
10	GYN	57	EPSDT
12	Immunization	70	Women's Health
13	Internal Medicine	80	Urgent Care
20	Pediatrics	89	Evening

The second visit can be EITHER to one of the core medical clinics listed above OR to one of the following additional medical clinics:

02	Cardiac	37	Neurology
03	Chest And TB	38	Rheumatology
05	Dermatology	49	Nephrology
07	ENT	50	Chronic Disease
08	Family Planning	69	Endocrinology
16	Obstetrics	75	Urology
19	Orthopedic	81	Men's Health Screening
23	Surgical	85	Teen Clinic
25	Other	88	Sports Medicine
26	High Risk	B8	Gastroenterology - Hepatology
27	General Preventive	B9	Oncology - Hematology
31	Hypertension	C3	Colposcopy
32	Postpartum		

- Must be alive on the last day of the Report period.
- User defines population type: AI/AN patients only, non AI/AN or both. This data item is entered and updated during the patient registration process.
- User defines general population: single community; group of multiple communities (community taxonomy); user-defined list of patient (patient panel); or all patients regardless of community of residence.

3.2.3.5 Active Clinical CHS Population for Local Reports

- Patients with the name of "DEMO,PATIENT" will automatically be excluded from the denominator.
- Must have 2 CHS visits in the 3 years prior to the end of the Report Period.
- Must be alive on the last day of the Report period.
- User defines population type: AI/AN patients only, non AI/AN or both.
- User defines general population: single community; group of multiple communities (community taxonomy); user-defined list of patient (patient panel); or all patients regardless of community of residence.

3.2.3.6 GPRA User Population for Local Reports

- Patients with the name of "DEMO,PATIENT" will automatically be excluded from the denominator.
- Must have been seen at least once in the three years prior to the end of the time period, regardless of the clinic type.
- Must be alive on the last day of the Report period.
- User defines population type: AI/AN patients only, non AI/AN or both.

- User defines general population: single community; group of multiple communities (community taxonomy); user-defined list of patient (patient panel); or all patients regardless of community of residence.

3.2.4 Performance Measure Logic Example

The GPRA measure example used in section 3.1.2 above was Cancer Screening: Pap Smear Rates: During FY 2006, maintain the proportion of female patients ages 21 through 64 without a documented history of hysterectomy who have had a Pap screen within the previous three years at the FY 2005 level.

For CRS, the GPRA measure definition becomes:

- Denominator (total number of patients evaluated): Active Clinical female patients ages 21 through 64, excluding those with documented history of hysterectomy. (The clinical *owner* of the measure has determined based on current medical guidelines that "eligible" women are defined as ages 21-64.)
- Numerator (those from the denominator who meet the criteria for the measure): patients with documented Pap smear in past three years or refusal in past year.

For the programmer, the Pap Smear measure is described in terms of the following logic:

1. Begin with the Active Clinical population definition (see section 3.2.3.1 above).

    - Exclude any patients with the name of "DEMO,PATIENT".
    - Exclude any patients with a date of death in the Patient Registration file.
    - Exclude any patients who do NOT have value 01 (American Indian/Alaska Native) in the Beneficiary field in Patient Registration file.
    - Exclude any patients whose Community of Residence is not included in the site's defined GPRA Community Taxonomy for this report.
    - For the remaining patients, search visit files for the three years prior to the selected Report end date. Exclude any patients whose visits do not meet the "2 medical clinics" definition OR for facilities with the CHS-Only site parameter set to "Yes", exclude any patients who do not have 2 CHS visits in the past 3 years.

2. From these patients, identify the subset that are female and that are ages 21 through 64 on the first day of the Current Report period.

3. Exclude patients with documented hysterectomy by searching the V Procedure file for procedure codes 68.4-68.9 or V CPT for CPT codes 51925,

56308, 58150, 58152, 58200-58294, 58550-54, 58951, 58953-58954, or 59135 any time before the end of the Report period.

4. For these patients (the denominator), check for a Pap smear in the past three years in the following order:

   - V Lab is checked for a lab test called PAP SMEAR and for any site-populated pap smear lab test documented in the BGP PAP SMEAR TAX taxonomy, OR
   - V Lab is checked for any LOINC code listed in the pre-defined BGP PAP LOINC CODES taxonomy (see the CRS Technical Manual for specific codes), OR
   - Purpose of Visit file (V POV) is checked for: a diagnosis of: V76.2-Screen Mal Neop-Cervix, V72.31 Routine Gynecological Examination, V72.32 Encounter for Pap Cervical Smear to Confirm Findings of Recent Normal Smear Following Initial Abnormal Smear, V72.3 Gynecological Examination, Pap Cervical Smear as Part of General Gynecological Exam, Pelvic Exam (annual) (periodic) (old code, to be counted for visits prior to 10/1/04 only), V76.47 Vaginal Pap Smear for Post-Hysterectomy Patients, or V76.49 Pap Smear for Women w/o a Cervix, OR
   - V Procedures is checked for a procedure of 91.46, OR
   - V CPT is checked for the following CPT codes: a) 88141-88167; b) 88174-88175 or HCPCS code Q0091 Screening Pap Smear, OR
   - The Women's Health Tracking package is checked for documentation of a procedure called Pap Smear, OR
   - Refusals file is checked for Lab Test Pap Smear in the past year.

If a visit with any of the codes above is found, the patient is considered to have met the measure, and the program checks the next patient.

For a detailed description of the logic for each performance measure included in CRS, see the Administrator Manual, section 2.0, Performance Measure Logic.

3.2.5 CRS Report Time Periods

Three time periods are displayed for each measure.

- **Current** or **Report** period: a time period entered by the user. For a typical National GPRA report, the time period would be July 1 through June 30, which has been defined by the Office of Planning and Evaluation as the "performance year."
- **Previous Year** period: same time period as Report period for the previous year.

- **Baseline** period: same time period as Report period, for any year specified by the user. For a typical National GPRA report, the baseline year is July 1, 1999 through June 30, 2000.

The data for the Report period is compared to the Previous Year and the Baseline periods. The percentage of change between Report and Previous Year and Report and Baseline periods is calculated.

The purpose of having three time periods for comparison is always to be able to compare exactly the same logic across time periods. Since the details of measure logic may change somewhat each year, it is not accurate to compare a performance from CRS FY05 to the same measure from CRS FY06. The three time periods allow truly comparable data.

The 50 performance measure topics included in CRS 2006 (BGP v6.1) are shown in the table in the following section.

3.3 FY06 Clinical Measures Included in CRS

The clinical measures reported by CRS include formal IHS GPRA measures that the agency is currently reporting to Congress, other GPRA-related measure topics, and developmental measure topics that are being evaluated as possible future GPRA measures.

NOTE: CRS only includes clinical performance measures that can be derived from RPMS data.

See the Administrator Manual, section 2.0, Performance Measure Logic, for detailed descriptions of the measure logic, including specific codes and taxonomies used, and formats for each report and patient list.

CRS 2006 (BGP Version 6.1)
Performance Measure Topic List and Definitions

Performance Measure Topic Name and Owner/Contact	General Definition **(NOTE: *Red, bold italic type* indicates new or edited definitions, GPRA measures in yellow)**
DIABETES GROUP	
Diabetes Prevalence* Diabetes Program/ Dr. Charlton Wilson *NATIONAL (included in NTL report; not reported to Congress)*	**No changes from Version 6.0** **Denominator:** User Population patients. **Numerators:** 1) Anyone diagnosed with diabetes (POV 250.00-250.93) ever. 2) Anyone diagnosed with diabetes during the Report Period. **Patient List:** List of diabetic patients with most recent diagnosis
Diabetes Comprehensive Care Diabetes Program/ Dr. Charlton Wilson	***Changes from Version 6.0, as noted below*** **Denominator:** Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes (POV 250.00-250.93) at least one year prior to the Report Period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. **Numerators:** 1) Patients with hemoglobin A1c documented during the Report Period, regardless of result. 2) Patients with blood pressure documented during the Report Period. ***3) Patients with controlled blood pressure during the Report Period, defined as < 130/80.*** 4) Patients with LDL completed during the Report Period, regardless of result. 5) Patients with positive urine protein test or, if urine protein test is negative, any microalbuminuria test, regardless of result, during the Report Period ***OR with evidence of diagnosis and/or treatment of ESRD at any time before the end of the Report period.*** 6) Patients receiving any retinal screening during the Report Period, or a documented refusal of a diabetic eye exam. ***7) Patients with diabetic foot exam during the Report Period, or a documented refusal of a diabetic foot exam.*** 8) Patients with A1c AND Blood Pressure AND LDL AND Nephropathy Assessment AND Retinal exam ***AND Diabetic Foot Exam.***. **Definitions**: ***Diabetic foot exam defined as: 1) Exam Code 28 Diabetic Foot Exam, Complete; 2) non-DNKA visit with a podiatrist (provider codes 33, 84 or 25), 3) non-DNKA visit to Podiatry Clinic (clinic code 65), or 4) documented refusal of foot exam (Exam Code 28).*** For other specific definitions, refer to the following topics below: Diabetes: Poor and Ideal Control; Diabetes: Blood Pressure Control; Diabetes: Dyslipidemia Assessment; Diabetes: Nephropathy Assessment; Diabetic Retinopathy. **Patient List:** List of diabetic patients with documented tests, if any.

* Measure also included in the CRS Elder Care report, which reports on patients 55 and older.

Performance Measure Topic Name and Owner/Contact	General Definition **(NOTE: *Red, bold italic type* indicates new or edited definitions, GPRA measures in yellow)**
Diabetes: Glycemic Control* Diabetes Program/ Dr. Charlton Wilson *NATIONAL (reported to Congress)*	**No changes from Version 6.0** **Denominators:** 1) **GPRA:** Active Diabetic patients; defined as all Active Clinical patients diagnosed with diabetes (POV 250.00-250.93) at least one year prior to the Report Period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. Key denominator for this and all diabetes-related topics below. 2) All GPRA User Population patients diagnosed with diabetes prior to the Report Period. 3) Active Adult Diabetic patients, defined by meeting the following criteria: 1) who are 19 or older at the beginning of the Report Period, 2) whose first ever DM diagnosis occurred prior to the Report Period; 3) who had at least 2 DM related visits ever, 4) at least one encounter with DM POV in a primary clinic with a primary provider during the Report Period; and 5) never have had a creatinine value greater than 5. **Numerators:** 1) Hemoglobin A1c documented during the Report Period. 2) **GPRA:** Poor control: A1c greater than (>) 9.5 3) Very poor control: A1c equals or greater than (=>) 12 4) Poor control: A1c greater than (>) 9.5 or less than (<) 12 5) Fair control A1c equals or greater than (=>) 8 and less than or equal to (<=) 9.5 6) Good control: A1c equals or greater than (=>) 7 and less than (<) 8 7) **GPRA:** Ideal control: A1c less than (<) 7 8) Undetermined A1c (no result) **Definitions:** 1) **A1c:** CPT 83036, LOINC taxonomy or site-populated taxonomy DM AUDIT HGB A1C TAX 2) **Creatinine (for Active Adult Diabetic denominator):** CPT 82540, 82565-75; LOINC taxonomy; site-populated taxonomy DM AUDIT CREATININE TAX. **GPRA Description - Poor Glycemic Control:** During FY 2006, assure that the proportion of patients with diagnosed diabetes that have poor glycemic control (defined as A1c > 9.5) does not increase above the FY 2005 level (15.0%). **GPRA Description - *Ideal* Glycemic Control:** During FY 2006, ***increase to 32.0% (changed from "maintain FY05 level")*** the proportion of patients with diagnosed diabetes ***with ideal*** glycemic control (defined as A1c < 7). ***FY05 Rate: 30.0%*** **Patient List:** All patients diagnosed with Diabetes, with date and value of A1c, if any.
Diabetes: Blood Pressure Control* Diabetes Program/ Dr. Charlton Wilson *NATIONAL (reported to Congress)*	**No changes from Version 6.0** **Denominators:** Three denominators (see Diabetes: Poor Glycemic Control topic above). **Numerators:** 1) Total with BP value (at least 2 (3 if available) non-ER BPs documented during the Report Period) 2) **GPRA:** Controlled BP, < 130/80 3) Not controlled BP **Definitions:** 1) **Blood Pressure** - CRS uses mean of last 3 Blood Pressures documented on non-ER visits during the Report Period. If 3 BPs are not available, uses mean of last 2 non-ER BPs. If a visit contains more than 1 BP, the lowest BP will be used. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2). If the systolic and diastolic values do not BOTH meet the criteria for controlled, then the value is considered not controlled. 2) **Creatinine (for Active Adult Diabetic denominator):** CPT 82540, 82565-75; LOINC taxonomy; site-populated taxonomy DM AUDIT CREATININE TAX. **GPRA Description:** During FY 2006, maintain the proportion of patients with diagnosed diabetes that have achieved blood pressure control at the FY 2005 level (37.0%). **Patient List:** All patients diagnosed with Diabetes, with mean BP value if any.

Performance Measure Topic Name and Owner/Contact	General Definition **(NOTE: *Red, bold italic type* indicates new or edited definitions, GPRA measures in yellow)**
Diabetes: Lipids Assessment* Diabetes Program/ Dr. Charlton Wilson *NATIONAL (reported to Congress)*	***Changes from Version 6.0, as noted below.*** **Denominators:** Three denominators (see Diabetes: Poor Glycemic Control topic above). **Numerators:** 1) Documented Lipid Profile OR LDL, HDL and TG (all three), regardless of result 2) **GPRA:** Patients with LDL completed during the Report Period, regardless of result 3) LDL < 130; 3A) LDL <= 100; 3B) LDL 101-129 **Definitions:** 1) **Lipid Profile:** CPT 80061; LOINC taxonomy; site-populated taxonomy DM AUDIT LIPID PROFILE TAX. 2) **LDL:** CPT 83721; LOINC taxonomy; site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX 3) **HDL:** CPT 83718; LOINC taxonomy; site-populated taxonomy DM AUDIT HDL TAX 4) **Triglyceride (TG):** CPT 84478; LOINC taxonomy; site-populated taxonomy DM AUDIT TRIGLYCERIDE TAX 5) **Creatinine (for Active Adult Diabetic denominator):** CPT 82540, 82565-75; LOINC taxonomy; site-populated taxonomy DM AUDIT CREATININE TAX **GPRA Description:** During FY 2006, increase ***to 56.0%*** the proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol). ***FY05 Rate: 53.0%*** **Patient List:** All patients diagnosed with Diabetes, with date of tests and LDL value, if any.
Diabetes: Nephropathy Assessment* Diabetes Program/ Dr. Charlton Wilson *NATIONAL (reported to Congress)*	***Changes from Version 6.0, as noted below.*** **Denominators:** Three denominators (see Diabetes: Poor Glycemic Control topic above). **Numerators:** 1) **GPRA:** Patients with positive urine protein test or, if urine protein test is negative, any microalbuminuria test, regardless of result, during the Report Period ***OR with evidence of diagnosis and/or treatment of ESRD at any time before the end of the Report period.*** 2) Patients with Estimated GFR with result during the Report Period. 3) Patients who have had 1) positive urine protein test or if urine protein was negative, then microalbuminuria test, regardless of result***, OR with evidence of diagnosis and/or treatment of ESRD at any time before the end of the Report period,*** AND 2) an Estimated GFR with result during the Report Period. **Definitions:** 1) **Urine Protein:** LOINC taxonomy; site-populated taxonomy DM AUDIT URINE PROTEIN TAX. Positive value for urine protein is defined as: 1) First character of result is "P", "p", "M", "m", "L", "l", "S", or "s"; 2) Contains a + sign; 3) Contains a > symbol; 4) numeric value (if the result is a number) is > (greater than) 29. 2) **Microalbuminuria:** CPT codes 82043, 82044***, 83518, or 84166 AND 81050;*** LOINC taxonomy; site-populated taxonomy DM AUDIT MICROALBUMUNURIA TAX or DM AUDIT A/C RATIO taxonomy. ***3) End Stage Renal Disease defined as: ANY diagnosis ever of 585.6 or V45.1 or ANY CPT in the range of 90918-90925.*** 4) **Estimated GFR:** Taxonomy BGP ESTIMATED GFR TAX, LOINC 33914-3 5) **Creatinine (for Active Adult Diabetic denominator):** CPT 82540, 82565-75; LOINC taxonomy; site-populated taxonomy DM AUDIT CREATININE TAX. **GPRA Description:** During FY 2006, ***increase to 50.0% (changed from "maintain FY05 level")*** the proportion of patients with diagnosed diabetes assessed for nephropathy. ***FY05 Rate: 47.0%*** **Patient List:** All patients diagnosed with Diabetes, with date of tests and value, if any.

Performance Measure Topic Name and Owner/Contact	General Definition **(NOTE: *Red, bold italic type* indicates new or edited definitions, GPRA measures in yellow)**
Diabetic Retinopathy* Diabetes Program/ Dr. Mark Horton *NATIONAL (reported to Congress)*	***Changes from Version 6.0, as noted below.*** **Denominators:** Three denominators (see Diabetes: Poor Glycemic Control topic above). **Numerator: GPRA:** Patients receiving a qualified retinal evaluation during the Report Period, or a documented refusal of a diabetic retinal exam. **Definitions:** 1) Qualified **retinal evaluation* is defined as:** (A) diabetic retinal exam or documented refusal or (B) other eye exam. **Diabetic retinal exam defined as:** Clinic Code A2 Diabetic Retinopathy or Exam Code 03 Diabetic Eye Exam. **Other Eye Exam defined as:** (1) Non-DNKA (did not keep appointment) visits to ophthalmology, optometry or qualifying* tele-ophthalmology retinal evaluation clinics (i.e. JVN, Inoveon, EyeTel) or (2) non-DNKA visits to an optometrist or ophthalmologist. Searches for the following codes in the following order: Clinic Codes 17, 18, 64; Provider Code 24, 79, 08; CPT 92002, 92004, 92012, 92014, 92015; ***POV V72.0.*** *Qualified retinal evaluation: The following methods are qualified for this measure: - Dilated retinal examination by an optometrist or ophthalmologist - 7 standard fields stereoscopic photos (ETDRS) evaluated by an optometrist or ophthalmologist - Any photographic method validated to ETDRS, i.e. JVN, Inoveon, EyeTel 2) **Refusal of Diabetic Eye Exam:** Exam Code 03 3) **Creatinine (for Active Adult Diabetic denominator):** CPT 82540, 82565-75; LOINC taxonomy; site-populated taxonomy DM AUDIT CREATININE TAX. **GPRA Description:** During FY 2006, maintain the proportion of patients with diagnosed diabetes who receive an annual retinal examination at designated sites at the FY 2005 level ***(50.0%)*** and establish the baseline of patients with diagnosed diabetes who receive an annual retinal examination at all sites. **Patient List:** All patients diagnosed with Diabetes, with date of screening and code, if any.
Diabetic Access to Dental Services* Dental Program/ Dr. Patrick Blahut	**No changes from Version 6.0** **Denominator:** Active Diabetic patients (see Diabetes Comprehensive Care above for definition). **Numerators:** Patients with a documented dental visit during the Report Period, including refusals. A) Patients with documented refusal during the Report Period. **Definitions:** 1) **Dental Visit:** For non-CHS visits, searches for V Dental ADA Code 0000 or 0190 or Exam Code 30. For CHS visits, searches for any visit with an ADA code. CHS visit defined as Type code of C in Visit file. 2) **Refusal of Dental Exam:** For non-CHS visits, searches for Exam Code 30 **Patient List:** All diabetic patients with date of dental visit or refusal and code, if any.
DENTAL GROUP	
Access to Dental Services* Dental Program/ Dr. Patrick Blahut *NATIONAL (reported to Congress)*	**No changes from Version 6.0** **Denominator: GPRA:** GPRA User Population patients. **Numerators: GPRA:** Patients with documented dental visit during the Report Period, including refusals. A) Patients with documented refusal. **Definitions:** 1) **Dental Visit:** For non-CHS visits, searches for V Dental ADA Code 0000 or 0190, Exam Code 30. For CHS visits, searches for any visit with an ADA code. CHS visit defined as Type code of C in Visit file. 2) Refusal of Dental Exam: For non-CHS visits, searches for Exam Code 30 **GPRA Description:** During FY 2006, maintain the proportion of patients that obtain access to dental services at the FY 2005 level (24.0%). **Patient List:** Patients with documented dental visit or refusal, with date and code.

Performance Measure Topic Name and Owner/Contact	General Definition **(NOTE: *Red, bold italic type* indicates new or edited definitions, GPRA measures in yellow)**
Dental Sealants Dental Program/ Dr. Patrick Blahut *NATIONAL (reported to Congress)*	**No changes from Version 6.0** **GPRA Numerator:** Count only (no percentage comparison to denominator). Total number of dental sealants during the Report Period. Age breakouts (HP 2010): <12; 12-18; >18. **Definitions: Dental Sealant:** ADA Code 1351 **GPRA Description:** During FY 2006, maintain the number of sealants placed per year in American Indian and Alaska Native patients at the FY 2005 level (249,882 sealants). **Patient List:** Patients who had sealants and the number of sealants received.
Topical Fluoride Dental Program/Dr. Patrick Blahut *NATIONAL (reported to Congress)*	**No changes from Version 6.0** **Numerators:** 1) Count only (no percentage comparison to denominator). The total number of appropriate topical fluoride applications based on a maximum of four per patient per year. 2) **GPRA:** Count only (no percentage comparison to denominator). The total number of patients with at least one topical fluoride treatment during the Report Period. **Definitions:** 1) **Topical Fluoride Application:** V Dental ADA codes 1201, 1203, 1204, 1205; or V POV V07.31. A maximum of one application per patient per visit is allowed. A maximum of four topical fluoride applications are allowed per patient per year for the applications measure. **GPRA Description:** During FY 2006, maintain the number of American Indian and Alaska Native patients receiving at least one topical fluoride application at the FY 2005 level (85,318 patients). **Patient List:** Patients who received at least one topical fluoride application during Report Period.
IMMUNIZATION GROUP	
Adult Immunizations: Influenza* Epidemiology Program/ Amy Groom, MPH *NATIONAL (reported to Congress)*	***Changes from Version 6.0, as noted below.*** **Denominators:** 1) Active Clinical patients ages 50 or older. A) Ages 50-64. B) **GPRA:** Ages 65 and older. 2) Active Diabetic patients (see Diabetes Comprehensive Care above for definition). **Numerators:** 1) **GPRA:** Patients with influenza vaccine documented during the Report Period or with documented refusal. 2) Documented patient refusals (REF) or not medically indicated (NMI). **Definitions:** 1) **Influenza Vaccine:** Immunization/CVX codes 15, 16, 88, or 111; POV V04.8 ***(old code),*** V04.81, V06.6; CPT 90655, 90656, 90657-90660, 90724; ICD Procedure 99.52 2) **Refusal of Influenza Vaccine:** Immunization/CVX codes: 15, 16, 88, or 111 **GPRA Description:** In FY 2006, maintain FY 2005 influenza vaccination rates among non-institutionalized adults aged 65 years and older (59.0%). **Patient List:** Patients ages 50 or older OR with diabetes diagnosis, with date of vaccine and code, if any.
Adult Immunizations: Pneumovax* Epidemiology Program/ Amy Groom, MPH *NATIONAL (reported to Congress)*	**No changes from Version 6.0** **Denominators:** 1) **GPRA:** Active Clinical patients ages 65 or older. 2) Active Diabetic patients (see Diabetes Comprehensive Care above for definition). **Numerators: GPRA:** Patients with Pneumococcal vaccine documented at any time before the end of the Report Period, including refusals in past year. A) **For Active Diabetics denominator only.** Patients with pneumovax documented in past five years or who have refused a pneumovax vaccine in the past year. B) Documented patient refusals (REF) or not medically indicated (NMI). **Definitions:** 1) **Pneumovax Vaccine:** Immunization/CVX codes 33, 100, 109; POV V06.6, V03.82, V03.89; ICD Procedure 99.55; CPT 90732, 90669 2) **Refusal of Pneumovax Vaccine:** Immunization/CVX codes 33, 100, 109 **GPRA Description:** In FY 2006, increase the rate for pneumococcal vaccination levels among adult patients age 65 years and older to 72%. **Patient List:** Patients 65 or older OR with diabetes diagnosis, with date and code of vaccine, if any.

Performance Measure Topic Name and Owner/Contact	General Definition **(NOTE: *Red, bold italic type* indicates new or edited definitions, GPRA measures in yellow)**
Childhood Immunizations Epidemiology Program/ Amy Groom, MPH *NATIONAL (reported to Congress)*	***Changes from Version 6.0, as noted below.*** **Denominators:** 1) Active Clinical patients ages 19-35 months at end of Report Period. ***(Changed to non-GPRA denominator.)*** 2) ***GPRA:*** Patients active in the Immunization Package who are 19-35 months at end of Report period. NOTE: Sites must be running the RPMS Immunization package for this denominator. Sites not running the package will have a value of zero for this denominator. **Numerators:** 1) **GPRA:** Patients who have received the 4:3:1:3:3 combination (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B), including refusals, contraindications, and evidence of disease. 2) Patients with 4 doses of DTaP, or who have evidence of the disease, a contraindication, or a documented refusal. 3) Patients with 3 doses of Polio, or who have evidence of the disease, a contraindication, or a documented refusal. 4) Patients with 1 dose of MMR, or who have evidence of the disease, a contraindication, or a documented refusal. 5) Patients with 3 doses of HiB, or who have evidence of the disease, a contraindication, or a documented refusal. 6) Patients with 3 doses of Hepatitis B, or who have evidence of the disease, a contraindication, or a documented refusal. 7) Patients with 1 dose of Varicella, or who have evidence of the disease, a contraindication, or a documented refusal. ***8) Patients with 4 doses of Pneumococcal conjugate, or who have evidence of the disease, a contraindication, or a documented refusal.*** **Also included for numerators 1-8 are sub-numerators:** A) Patients with a documented refusal. B) Patients with either (1) evidence of the disease, (2) a contraindication, or (3) a documented not medically indicated (NMI) refusal. 9) Patients who have received all of their childhood immunizations (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella, ***and 4 Pneumococcal,*** including refusals, contraindications, and evidence of disease). 10) **Immunization Program Numerator:** Patients who have received all of their childhood immunizations, defined as 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella, ***and 4 Pneumococcal,*** NOT including refusals, contraindications, and patients with evidence of disease. 11) **Immunization Program Numerator:** Patients who have received the 4:3:1:3:3 combination (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B), NOT including refusals, contraindications, and patients with evidence of disease. **Definitions: Active Immunization Package Patients denominator:** Same as Active Clinical definition EXCEPT includes only patients flagged as active in the Immunization Package and does not require patients to have two visits to specified medical clinics in the past 3 years. ***Revised requirement for 3 doses of Hepatitis B two 2 doses IF documented with CPT 90743.*** ***Pneumococcal definitions: 1) Immunization (CVX) codes: 33 Pneumo Polysaccaride; 100 Pneumo Conjugate; 109 Pneumo NOS; 2) POV: V06.6; V03.82; 3) CPT: 90669, 90732.*** Detailed descriptions of all other codes for these immunizations are listed in the CRS 2006 User Manual, due to length. **GPRA Description:** During FY 2006, maintain baseline rates for recommended immunizations for AI/AN children 19-35 months compared to FY 2005 (75.0%). **Patient List:** Patients 19-35 months with IZ, if any. If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 DTaP, no IZ will be listed for DTaP.

Performance Measure Topic Name and Owner/Contact	General Definition **(NOTE: *Red, bold italic type* indicates new or edited definitions, GPRA measures in yellow)**
Adolescent Immunizations Dr. Scott Hamstra/Amy Groom, MPH, Epidemiology Program	***New measure for Version 6.1*** **Denominator:** Active Clinical patients age 13. **Numerators:** 1) Patients who have received the 2 MMR, 3 Hepatitis B, and one Varicella combination. 2) Patients who have received 2 doses of MMR ever, including refusals, contraindications, and evidence of disease. 3) Patients who have received 3 doses of Hepatitis B ever, including refusals, contraindications, and evidence of disease. 4) Patients who have received 1 dose of Varicella ever, including refusals, contraindications, and evidence of disease. **Also included for numerators 1-4 are sub-numerators:** A) Patients with a documented refusal. B) Patients with either (1) evidence of the disease, (2) a contraindication, or (3) a documented not medically indicated (NMI) refusal. **Definitions:** Detailed descriptions of these immunizations are listed in the CRS 2006 User Manual, due to length. **Patient List:** Patients 13 and older with IZ, if any. If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 Hep B, no IZ will be listed for Hep B.
CHILDHOOD DISEASES GROUP	
Appropriate Treatment for Children with Upper Respiratory Infection Dr. Scott Hamstra	***New measure for Version 6.1*** **Denominator:** Active Clinical patients who were ages 3 months through 18 years who were diagnosed with an upper respiratory infection during the period six months (180 days) prior to the Report period through the first six months of the Report period. **Numerator:** Patients who were NOT prescribed an antibiotic on or within three days after diagnosis. In this measure, appropriate treatment is not to receive an antibiotic. **Definitions:** 1) **Age:** Age is calculated as follows: Children 3 months as of six months (180 days) of the year prior to the Report period to 18 years as of the first six months of the Report period. 2) **Upper Respiratory Infection:** POV 460 or 465.*. 3) **Outpatient Visit**: Service Category A, S, or O. 4) **Antibiotic Medications:** A) Medication taxonomy BGP HEDIS ANTIBIOTIC MEDS. (Medications are: Amoxicillin, Amox/Clavulanate, Ampicillin, Azithromycin, Cefaclor, Cefadroxil hydrate, Cefdinir, Cefixime, Cefditoren, Ceftibuten, Cefpodoxime proxetil, Cefprozil, Ceftriaxone, Cefuroxime, Cephalexin, Ciprofloxacin, Clindamycin, Dicloxacillin, Dirithromycin, Doxycycline, Erythromycin, Ery E-Succ/Sulfisoxazole, Flomefloxacin, Gatifloxacin, Levofloxacin, Loracarbef, Minocycline, Ofloxacin, Penicillin VK, Penicillin G, Sparfloxacin, Sulfisoxazole, Tetracycline, Trimethoprim, Trimethoprim-Sulfamethoxazol.), B) V Procedure 99.21. **In order to be included in the denominator, ALL of the following conditions must be met:** 1) Patient's diagnosis of an upper respiratory infection (URI) must have occurred at an outpatient visit. 2) If outpatient visit was to clinic code 30 (Emergency Medicine), it must not have resulted in a hospitalization, defined as service category H, either on the same day or the next day with URI diagnosis. 3) Patient's visit must ONLY have a diagnosis of URI. If any other diagnosis exists, the visit will be excluded. 4) The patient did not have a new or refill prescription for antibiotics within 30 days prior to the URI visit date.

Performance Measure Topic Name and Owner/Contact	General Definition **(NOTE: *Red, bold italic type* indicates new or edited definitions, GPRA measures in yellow)**
Appropriate Treatment for Children with Upper Respiratory Infection (cont'd) Dr. Scott Hamstra	5) The patient did not have an active prescription for antibiotics as of the URI visit date. "Active" prescription defined as: Rx Days Supply >= (URI Visit Date - Prescription Date) If multiple visits exist that meet the above criteria, the first visit will be used. **Patient List:** Patients 3 months to 18 years with upper respiratory infection, with antibiotic prescription, if any.
Appropriate Testing for Children with Pharyngitis Dr. Scott Hamstra	***New measure for Version 6.1*** **Denominator:** Active Clinical patients who were ages 2-18 years who were diagnosed with pharyngitis and prescribed an antibiotic during the period six months (180 days) prior to the Report period through the first six months of the Report period. **Numerator:** Patients who received a Group A strep test. **Definitions:** 1) **Age:** Age is calculated as follows: Children 2 years as of six months (180 days) of the year prior to the Report period to 18 years as of the first six months of the Report period. 2) **Pharyngitis:** POV 462, 463, or 034.0. 3) **Outpatient Visit:** Service Category A, S, or O. 4) **Antibiotic Medications:** A) Medication taxonomy BGP HEDIS ANTIBIOTIC MEDS. (Medications are: Amoxicillin, Amox/Clavulanate, Ampicillin, Azithromycin, Cefaclor, Cefadroxil hydrate, Cefdinir, Cefixime, Cefditoren, Ceftibuten, Cefpodoxime proxetil, Cefprozil, Ceftriaxone, Cefuroxime, Cephalexin, Ciprofloxacin, Clindamycin, Dicloxacillin, Dirithromycin, Doxycycline, Erythromycin, Ery E-Succ/Sulfisoxazole, Flomefloxacin, Gatifloxacin, Levofloxacin, Loracarbef, Minocycline, Ofloxacin, Penicillin VK, Penicillin G, Sparfloxacin, Sulfisoxazole, Tetracycline, Trimethoprim, Trimethoprim-Sulfamethoxazol.), B) V Procedure 99.21. 5) **Group A Streptococcus Test:** A) CPT 87430 (by enzyme immunoassay), 87650-87652 (by nucleic acid), 87880 (by direct optical observation), 87081 (by throat culture); B) site-populated taxonomy BGP GROUP A STREP; and C) LOINC taxonomy. **In order to be included in the denominator, ALL of the following conditions must be met:** 1) Patient's diagnosis of pharyngitis must have occurred at an outpatient visit. 2) If outpatient visit was to clinic code 30 (Emergency Medicine), it must not have resulted in a hospitalization, defined as service category H, either on the same day or the next day with pharyngitis diagnosis. 3) Patient's visit must ONLY have a diagnosis of pharyngitis. If any other diagnosis exists, the visit will be excluded. 4) The patient did not have a new or refill prescription for antibiotics within 30 days prior to the pharyngitis visit date. 5) The patient did not have an active prescription for antibiotics as of the pharyngitis visit date. "Active" prescription defined as: Rx Days Supply >= (URI Visit Date - Prescription Date) 6) The patient filled a prescription for antibiotics on or within three days after the pharyngitis visit. If multiple visits exist that meet the above criteria, the first visit will be used. **To be included in the numerator,** a patient must have received a Group A Streptococcus test within the 7-day period beginning three days prior through three days after the Pharyngitis visit date. **Patient List:** Patients 2-18 years with pharyngitis and a Group A Strep test, if any.

Performance Measure Topic Name and Owner/Contact	General Definition **(NOTE: *Red, bold italic type* indicates new or edited definitions, GPRA measures in yellow)**
CANCER SCREENING GROUP	
Cancer Screening: Pap Smear Rates Carolyn Aoyama *NATIONAL (reported to Congress)*	***Changes from Version 6.0, as noted below.*** **Denominator: GPRA:** Female Active Clinical patients ages 21 through 64 without a documented history of hysterectomy. **Numerators: GPRA:** Patients with documented pap smear in past three years or refusal in past year. A) Patients with documented refusal in past year. **Definitions:** 1) **Hysterectomy:** A) V Procedure: 68.4-***68.9 (expanded range from 68.4-68.8 to 68.4-68.9);*** B) CPT 51925, 56308 ***(old code),*** 58150, 58152, 58200-58294, 58550-54, 58951, 58953-58954, 59135 ***(deleted 59525).*** 2) **Pap Smear:** A) V Lab: PAP SMEAR; B) POV: V76.2 Screen Mal Neop-Cervix, V72.31 ***Routine Gynecological Examination (corrected description),*** V72.32 ***Encounter for Pap Cervical Smear to Confirm Findings of Recent Normal Smear Following Initial Abnormal Smear (corrected description),*** V72.3 Gynecological Examination , ***Pap Cervical Smear as Part of General Gynecological Exam, Pelvic Exam (annual) (periodic) (corrected description)*** (old code, ***to be counted for visits prior to 10/1/04 only),*** V76.47 Vaginal Pap Smear for Post-Hysterectomy Patients, V76.49 Pap Smear for Women w/o a Cervix; C) V Procedure: 91.46; D) V CPT: 88141-88167, 88174-88175, Q0091 Screening Pap Smear; E) Women's Health: Procedure called Pap Smear; F) LOINC taxonomy; G) Site-populated taxonomy BGP GPRA PAP SMEAR; H) Refusal Lab Test Pap Smear **GPRA Description:** During FY 2006, maintain the proportion of female patients ages 21 through 64 without a documented history of hysterectomy who have had a Pap screen within the previous three years at the FY 2005 level (60.0%). **Patient List:** All patients in the denominator, with date and code of test, if any.
Cancer Screening: Mammogram Rates* Carolyn Aoyama *NATIONAL (reported to Congress)*	**No changes from Version 6.0** **Denominator: GPRA:** Female Active Clinical patients ages 52 through 64, without a documented bilateral mastectomy or two separate unilateral mastectomies. **Numerators: GPRA:** Patients with documented mammogram in past two years or refusal in past year. A) Patients with documented refusal in past year. **Definitions:** 1) **Bilateral Mastectomy**: V CPT: 19180.50 or 19180 w/modifier 09950 (modifier codes .50 and 09950 indicate bilateral); 19200.50 or 19200 w/modifier 09950; 19220.50 or 19220 w/modifier 09950; 19240.50 or 19240 w/modifier 09950; ICD Operation codes: 85.42; 85.44; 85.46; 85.48 2) **Unilateral Mastectomy:** Requires two separate occurrences for either CPT or procedure codes on 2 different dates of service. V CPT: 19180, 19200, 19220, 19240; V Procedures: 85.41, 85.43, 85.45, 85.47 3) **Mammogram**: A) V Radiology or V CPT: 76090, 76091, 76092**,** G0206 (Diagnostic Mammography, Unilateral), G0204 (Diagnostic Mammography, Bilateral), G0202 (Screening Mammography, Bilateral); B) POV: V76.11, V76.12; C) V Procedures: 87.36, 87.37 (removed 87.35); D) Women's Health: Screening Mammogram, Mammogram Dx Bilat, Mammogram Dx Unilat 4) **Refusal Mammogram:** V Radiology MAMMOGRAM for CPT 76090, 76091, 76092, G0206, G0204, G0202. **GPRA Description:** During FY 2006, maintain the proportion of female patients ages 50 through 64 who have had mammography screening within the last 2 years at the FY 2005 level (41.0%). **Patient List:** Women 52-64 with mammogram/refusal, if any.

Performance Measure Topic Name and Owner/Contact	General Definition **(NOTE: *Red, bold italic type* indicates new or edited definitions, GPRA measures in yellow)**
Colorectal Cancer Screening* Epidemiology Program/ Dr. Nathaniel Cobb *NATIONAL (reported to Congress)*	***Changes from Version 6.0, as noted below.*** **Denominator: GPRA:** Active Clinical patients ages 51-80 without a documented history of colorectal cancer ***or total colectomy***, broken out by gender. **Numerators:** 1) **GPRA:** Patients who have had colorectal screening or a documented refusal, defined as any of the following: a Fecal Occult Blood test (FOBT) ***during the Report Period (changed from past two years);*** flexible sigmoidoscopy or double contrast barium enema in the past five years; or colonoscopy in the past 10 years. A) Patients with documented refusal in the past year. B) Patients with Fecal Occult Blood test during the ***Report Period (changed from past two years).*** 2) Patients with Rectal Exam in past two years. **Definitions:** 1) **Colorectal Cancer:** POV: 153.*, 154.0, 154.1, 197.5, V10.05. 2) ***Total Colectomy: CPT 44150-44153, 44155-44156, 44210-44212; V Procedure 45.8.*** 3) **Fecal Occult Blood lab test (FOBT):** CPT 82270, 82274, G0107, 89205 ***(old code)***; LOINC taxonomy, or site-populated taxonomy BGP GPRA FOB TESTS 4) **Rectal Exam:** V76.41; V Procedure 48.24-29, 89.34; V Exam 14 or refusal in past year for Exam 14. 5) **Flexible Sigmoidoscopy:** V Procedure 45.24, 45.42; CPT 45330-45345, G0104 6) **Double Contrast Barium Enema:** CPT or VRad: 74280 ***(deleted 74270),*** G0106, G0120 7) **Colonoscopy:** V Procedure 45.22, 45.23, 45.25**,** ***45.43;*** V POV 76.51; CPT 44388-44394, 44397, 45355**,** 45378-45387 (added 45386), ***45391, 45392,*** 45325 (old), G0105, G0121 8) **Screening Refusals:** A. **FOBT:** V Lab Fecal Occult Blood test; B. **Double Contrast Barium Enema:** V Radiology CPT: 74280 ***(deleted 74270),*** G0106, G0120. ***(Removed V Radiology refusal logic for FOBT, flexible sigmoidoscopy, and colonoscopy since the CPT codes were not radiology CPT codes and cannot be refused in Radiology.)*** **GPRA Description:** During FY 2006, establish baseline rate of colorectal screening for clinically appropriate patients ages 50 and older. **Patient List:** Patients ages 51-80, with date and code of any related test or procedure, if any.

Performance Measure Topic Name and Owner/Contact	General Definition **(NOTE: *Red, bold italic type* indicates new or edited definitions, GPRA measures in yellow)**
Tobacco Use and Exposure Assessment* Mary Wachacha/Epidemiology Program, Dr. Nat Cobb *NATIONAL (included in NTL report; not reported to Congress)*	***Changes from Version 6.0, as noted below.*** **Denominators:** 1) Active Clinical patients ages 5 and older, broken down by gender and age groups: 5-13, 14-17, 18-24, 25-44, 45-64, 65 and older (HP 2010). 2) Pregnant female patients with no documented miscarriage or abortion during the past 20 months. **Numerators:** 1) Patients screened for tobacco use during the Report Period (during the past 20 months for pregnant female patients denominator). 2) Patients identified during the Report Period (during the past 20 months for pregnant female patients denominator) as current tobacco users. A) Current smokers. B) Current smokeless tobacco users 3) Patients exposed to environmental tobacco smoke (ETS) during the Report Period (during the past 20 months for pregnant female patients denominator). **Definitions:** 1) **Pregnancy:** At least 2 visits with POV: V22.0-V23.9, 640.*-648.*, 651.*-676.* during the past 20 months, with one diagnosis occurring during the reporting period. 2) **Miscarriage:** Occurring after the second pregnancy POV. POV: 630, 631, 632, 633*, 634*, CPT: 59812, 59820, 59821, 59830 3) **Abortion:** Occurring after the second pregnancy POV. POV: 635*, 636*, 637*, CPT: 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857 4) **Tobacco Screening:** A) Any Health Factor for category Tobacco. B) POV or Current PCC Problem List 305.1, ***305.1* (old codes),*** or V15.82 (tobacco-related diagnosis). C) Dental code 1320. D) Patient Education codes containing "TO-", "-TO", or "-SHS**".** 5) **Tobacco Users:** A) Health Factors: Current Smoker, Current Smokeless, Current Smoker and Smokeless. B) POV 305.1, ***305.10-305.12 (old codes),*** or V15.82. C) Dental 1320 6) **Current Smokers:** A) Health Factors: Current Smoker, Current Smoker and Smokeless. B) 305.1, ***305.10-305.12 (old codes),*** or V15.82. C) Dental code 1320 7) **Current Smokeless:** A) Health Factors: Current Smokeless, Current Smoker and Smokeless 8) **Environmental Tobacco Smoke (ETS):** Health Factors: Smoker in Home, Exposure to Environmental Tobacco Smoke **Patient List:** Patients with no screening identified.
Tobacco Cessation Mary Wachacha/ Epidemiology Program, Dr. Nat Cobb *NATIONAL (reported to Congress)*	**No changes from Version 6.0** **Denominator: GPRA:** Active Clinical patients identified as current tobacco users prior to the Report Period, broken down by gender and age groups: <12, 12-17, 18 and older. **Numerators:** 1) **GPRA:** Patients who have received tobacco cessation counseling during the Report Period, including documented refusal in past year. 2) Patients identified during the Report Period as having quit tobacco use. **Definitions:** 1) **Current Tobacco Users:** A) Health Factors: Current Smoker, Current Smokeless, Current Smoker and Smokeless, Cessation-Smoker, Cessation-Smokeless, Cessation-Smoker and Smokeless; B) Tobacco-related Diagnoses (POV or active Problem List): 305.1, 305.10-305.12 (old codes), or V15.82; C) Dental code 1320 2) **Tobacco Cessation Counseling:** Patient Education codes containing "TO-", "-TO", or "-SHS"; Clinic Code 94, or Dental Code 1320 or documented refusal of patient education codes containing "TO-", "-TO", or "-SHS" during Report Period. 3) **Quit Smoking:** POV or Current Active Problem List 305.13, Health Factors Previous Smoker, Previous Smokeless ***GPRA Description:*** During FY 2006, establish the proportion of tobacco using patients that receive tobacco cessation intervention. **Patient List:** Patients with counseling, if any.

Performance Measure Topic Name and Owner/Contact	General Definition **(NOTE: *Red, bold italic type* indicates new or edited definitions, GPRA measures in yellow)**
BEHAVIORAL HEALTH GROUP	
Alcohol Screening (Fetal Alcohol Syndrome (FAS) Prevention) Wilbur Woodis *NATIONAL (reported to Congress)*	***Changes from Version 6.0, as noted below.*** **Denominator: GPRA:** Female Active Clinical patients ages 15 to 44 (child-bearing age). **Numerators: GPRA:** Patients screened for alcohol use, who have alcohol-related diagnoses, or who have received alcohol-related education or counseling during the Report Period, including refusals in the past year. A) Patients with exam code, Alcohol health factor or screening diagnosis. B) Patients with alcohol-related diagnoses. C) Patients with alcohol-related patient education or counseling. D) Patients with documented refusal in past year. ***NOTE: Changed method for calculating refusal numerator rate to use as the denominator the main numerator vs. denominator.*** **Definitions:** 1) **Alcohol Screening:** PCC Exam code 35; Any Alcohol Health Factor; Other Screening: V11.3; V79.1, or BHS problem code 29.1 2) **Alcohol-related Diagnoses:** POV, Current PCC or BHS Problem List: 303.*, 305.0*; 291.*; 357.5*; BHS POV 10, 27, 29 3) **Alcohol Education:** All Patient Education codes containing "AOD-" or "-AOD" or old codes containing "CD-" or "-CD" **GPRA Description:** During FY 2006, increase ***to 12.0%*** the screening rate for alcohol use in female patients ages 15 to 44. ***FY05 Rate: 11.0%*** **Patient List:** Women not screened.
Intimate Partner (Domestic) Violence Screening* Dr. Theresa Cullen/ Denise Grenier, LCSW *NATIONAL (reported to Congress)*	***Changes from Version 6.0, as noted below.*** **Denominators:** Female Active Clinical patients ages 13 and older at beginning of Report Period. A) **GPRA:** Female Active Clinical patients ages 15-40. **Numerators: GPRA:** Patients screened for or diagnosed with intimate partner (domestic) violence during the Report Period**,** including documented refusals in past year. A) Patients with documented IPV/DV exam. B) Patients with IPV/DV related diagnoses. C) Patients provided with IPV/DV patient education or counseling. D) Patients with documented refusal in past year of an IPV/DV exam or IPV/DV-related education. ***NOTE: Changed method for calculating refusal numerator rate to use as the denominator the main numerator vs. denominator.*** **Definitions:** 1) **IPV/DV Screening:** PCC Exam Code 34 or BHS IPV/DV exam 2) **IPV/DV Related Diagnoses:** POV, Current PCC or BHS Problem List 995.80-83, 995.85, V15.41, V15.42, V15.49; BHS POV 43.*, 44.* 3) **IPV/DV Patient Education:** Patient Education codes containing "DV-" or "-DV" 4) **IPV/DV Counseling:** POV V61.11 5) **Refusals:** A) Any PCC refusal in past year with Exam Code 34 or BHS refusal in past year of IPV/DV exam; B) Any refusal in past year with Patient Education codes containing "DV-" or "-DV". **GPRA Description:** During FY 2006, increase ***to 14.0%*** the screening rate for domestic violence in female patients ages 15 through 40. ***FY05 Rate: 13.0%*** **Patient List:** Women not screened and without documented refusal.

Performance Measure Topic Name and Owner/Contact	General Definition **(NOTE: *Red, bold italic type* indicates new or edited definitions, GPRA measures in yellow)**
Depression Screening* Denise Grenier, LCSW/ Dr. David Sprenger *NATIONAL (reported to Congress)*	***Changes from Version 6.0, as noted below.*** **Denominators:** 1) **GPRA:** Active Clinical patients ages 18 and older, broken down by gender. 2) Active Diabetes patients, defined as: all Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever. 3) All patients diagnosed with ischemic heart disease prior to the Report Period and with at least two CVD-related visits during the Report Period. **Numerators:** 1) **GPRA:** Patients screened for depression or diagnosed with mood disorder at any time during the Report Period, including documented refusals in past year. A) Patients screened for depression during the Report Period. B) Patients with a diagnosis of a mood disorder during the Report Period. C) Patients with documented refusal in past year. ***NOTE: Changed method for calculating refusal numerator rate to use as the denominator the main numerator vs. denominator.*** ***2) Patients with depression-related education or refusal of education in past year.*** **Definitions: 1) Diabetes:** POV 250.00-250.93 2) **Ischemic Heart Disease:** POV 410.0-412.*, 414.0-414.9, 428.*, 429.2. 3) **Depression Screening:** Exam Code 36, POV V79.0, or BHS problem code 14.1 (screening for depression). 4) **Mood Disorders:** At least two visits in PCC or BHS during the Report period with POV for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS. These POV codes are: 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 or BHS POV 14 or 15. 5) ***Screening*** **Refusal:** Any PCC refusal in past year with Exam Code 36. ***6) Depression-related patient education: A) Patient education codes containing "DEP-" (depression), "BH-" (behavioral and social health), "SB-" (suicidal behavior), or B) "PDEP-" (postpartum depression) or any refusal in past year with Patient Education codes containing "DEP-", "BH-", "SB-", or "PDEP-".*** **GPRA Description:** During FY 2006, establish a baseline rate of annual screening for depression in adults ages 18 and over. **Patient List:** List of patients not screened for depression/diagnosed with mood disorder.

Performance Measure Topic Name and Owner/Contact	General Definition **(NOTE: *Red, bold italic type* indicates new or edited definitions, GPRA measures in yellow)**
Antidepressant Medication Management Denise Grenier, LCSW/ Dr. David Sprenger	***Changes from Version 6.0, as noted below.*** **Denominator:** As of the 120th day of the Report period, Active Clinical patients 18 years and older who were diagnosed with a new episode of depression and treated with antidepressant medication in the past year. **Numerators:** 1) Optimal Practitioner Contacts: Patients with at least three mental health visits with a non-mental health or mental health provider within 12 weeks (84 days) after diagnosis, two of which must be face-to-face visits and one of which must be with a prescribing provider. 2) Effective Acute Phase Treatment: Patients who filled a sufficient number of separate prescriptions/refills of antidepressant medication for continuous treatment of at least 84 days (12 weeks). 3) Effective Continuation Phase Treatment: Patients who filled a sufficient number of separate prescriptions/refills of antidepressant medication treatment to provide continuous treatment for at least 180 days (6 months). **Definitions:** 1) **Major Depression:** POV 296.2*, 296.3*, 298.0, 300.4, 309.1, 311. 2) **Antidepressant Medications:** Medication taxonomy BGP ***HEDIS*** ANTIDEPRESSANT MEDS. (Medications are: Tricyclic antidepressants (TCA) and other cyclic antidepressants, Selective serotonin reuptake inhibitors (SSRI), Monoamine oxidase inhibitors (MAOI), Serotonin-norepinepherine reuptake inhibitors (SNRI), and other antidepressants.) ***NOTE: The list of medications developed by IHS was replaced with a list developed by HEDIS and the list is no longer being pre-populated by VA Drug Class.*** 3) **Index Episode Start Date:** The date of the patient's earliest visit during this period. For inpatient visits, the discharge date will be used. **To be included in the denominator, patient must meet BOTH of the following conditions:** 1) One of the following from the 121st day of the year prior to the Report period to the 120th day of the Report period: 1) one visit in any setting with major depression DX (see list of codes below) as primary POV, 2) two outpatients visits occurring on different dates of service with secondary POV of major depression, or 3) an inpatient visit with secondary POV of major depression. For example, if Report period is July 1, 2005 - June 30, 2006, patient must have one of the three scenarios above during 11/1/2004 - 10/29/2005. 2) Filled a prescription for an antidepressant medication (see list of medications below) within 30 days before the Index Episode Start Date or 14 days on or after that date. In V Medication, Date Discontinued must not be equal to the prescription (i.e. visit) date. The Index Prescription Date is the date of earliest prescription for antidepressant medication filled during that time period. **Denominator Exclusions:** 1) Patients who have had any diagnosis of depression within the previous 120 days (4 months) of the Index Episode Start Date. The POVs to be checked for prior depressive episodes is more comprehensive and include the following: POV 296.2*-296.9*, 298.0, 300.4, 309.0, 309.1, 309.28, 311, or 2) Patients who had a new or refill prescription for antidepressant medication (see list of medications below) within 90 days (3 months) prior to the Index Prescription Date are excluded as they do not represent new treatment episodes, or 3) Patients who had an acute mental health or substance abuse inpatient stay during the 245 days after the Index Episode Start Date treatment period. Acute mental health stays are defined as Service Category of H and primary POV 290*, 293*-302*, 306*-316*. Substance abuse inpatient stays are defined as Service Category of H and primary POV 291*-292*, 303*-305* or primary POV 960*-979* AND secondary POV of 291*-292*, 303*-305*. **Optimal Practitioner Contacts numerator, patient must have one of the following:** 1) Three face-to-face follow-up outpatient, non-ER visits (clinic code not equal to 30) or intermediate treatment with either a non-mental health or mental health provider within 84 days after the Index Episode Start Date, or

Performance Measure Topic Name and Owner/Contact	General Definition **(NOTE: *Red, bold italic type* indicates new or edited definitions, GPRA measures in yellow)**
Antidepressant Medication Management (cont'd) Denise Grenier, LCSW/ Dr. David Sprenger	2) Two face-to-face outpatient, non-ER visits (clinic code not equal to 30) and one telephone visit (Service Category T) with either a non-mental health or mental health provider within 84 days after the Index Episode Start Date. For either option, one of the visits must be to a prescribing provider, defined as provider codes 00, 08, 11, 16-18, 21, 24-25, 30, 33, 41, 44-45, 47, 49, 64, 67-68, 70-83, 85-86, A1, A9, or B1-B6. NOTE: If patient was diagnosed with two secondary diagnoses of depression, the second visit may be counted toward the numerator. **Outpatient mental health provider visits are defined as** BHS or PCC visit with primary provider code of 06, 12, 19, 48, 49, 50, 62, 63, 81, or 92-96, AND 1. A) Service category A, S, or O, and B1) CPT 90801, 90802, 90804-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90871, 90875, 90876, 99384-99387, 99394-99397, 99401-99404 or B2) POV 290*, 293*-302*, 306*-316*, OR 2. A) Service category of A, S, or O and B1) Location of Encounter = Home (as designated in Site Parameters) or B2) clinic code = 11, OR 3. Service category of T. **Outpatient <u>non</u>-mental health provider visits are defined as BHS or PCC visits with:** 1. A) Service category A, S, or O, and B) CPT 90801, 90802, 90804-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90871, 90875, 90876, OR 2. A1) Service category A, S, O, or T or A2) Location of Encounter = Home (as designated in Site Parameters) or A3) clinic code 11 and B) POV 290*, 293*-302*, 306*-316*, OR 3. A) Service category A, S, or O, and B) CPT 99384-99387, 99394-99397, 99401-99404 and C) POV 290*, 293*-302*, 306*-316*. **<u>Effective Acute Phase Treatment numerator:</u>** For all antidepressant medication prescriptions filled (see list of medications below) within 114 days of the Index Prescription Date, from V Medication CRS counts the days prescribed (i.e. treatment days) from the Index Prescription Date until a total of 84 treatment days has been established. If the patient had a total gap exceeding 30 days or if the patient does not have 84 treatment days within the 114 day timeframe, the patient is not included in the numerator. **NOTE:** If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2004, Discontinued Date=11/19/2004, Recalculated # Days Prescribed=4. **Example of Patient Included in Numerator:** - 1st RX is Index Rx Date: 11/1/2004, # Days Prescribed=30 Rx covers patient through 12/1/2004 - 2nd RX: 12/15/2004, # Days Prescribed=30 Gap #1 = (12/15/2004-12/1/2004) = 14 days Rx covers patient through 1/14/2005 - 3rd RX: 1/10/2005, # Days Prescribed=30 No gap days. Rx covers patient through 2/13/2005 - Index Rx Date 11/1/2004 + 114 days = 2/23/2005 - Patient's 84th treatment day occurs on 2/7/2005, which is <= 2/23/2005 AND # gap days of 14 is less than 30.

Performance Measure Topic Name and Owner/Contact	General Definition **(NOTE: *Red, bold italic type* indicates new or edited definitions, GPRA measures in yellow)**
Antidepressant Medication Management (cont'd) Denise Grenier, LCSW/ Dr. David Sprenger	**Example of Patient Not Included in Numerator:** - 1st Rx is Index Rx Date: 11/1/2004, # Days Prescribed=30 Rx covers patient through 12/1/2004 - 2nd Rx: 12/15/2004, # Days Prescribed=30 Gap #1 = (12/15/2004-12/1/2004) = 14 days Rx covers patient through 1/14/2005 - 3rd Rx: 2/01/2005, # Days Prescribed=30 Gap #2 = (2/01/2005-1/14/2005) = 18, total # gap days = 32, so patient is not included in the numerator **Effective Continuation Phase Treatment numerator:** For all antidepressant medication prescriptions (see list of medications below) filled within 231 days of the Index Prescription Date, CRS counts the days prescribed (i.e. treatment days) (from V Medication) from the Index Prescription Date until a total of 180 treatment days has been established. If the patient had a total gap exceeding 51 days or if the patient does not have 180 treatment days within the 231 day timeframe, the patient is not included in the numerator. NOTE: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2004, Discontinued Date=11/19/2004, Recalculated # Days Prescribed=4. **Patient List:** Patients with new depression DX and optimal practitioner contact (OPC), acute phase treatment (APT) and continuation phase treatment (CONPT), if any.
CARDIOVASCULAR DISEASE RELATED GROUP	
Obesity Assessment* Nutrition Program, Jean Charles-Azure/ Diabetes Program, Dr. Martin Kileen *NATIONAL (included in NTL report; not reported to Congress)*	**No changes from Version 6.0** **Denominators:** Active Clinical patients ages 2 through 74, broken down by gender and age groups: 2-5, 6-11, 12-19, 20-24, 25-34, 35-44, 45-54, 55-74 **Numerators:** All patients for whom BMI can be calculated, including refusals in the past year. A) Of Numerator 1, patients considered overweight, adults BMI 25-29, age 18 and under based on standard tables. B) Of Numerator 1, patients considered obese, adults BMI =>30, age 18 and under based on standard tables. C) Of Numerator 1, total overweight and obese. D) Of Numerator 1, patients with documented refusal in past year. **Definitions:** 1) **BMI:** Calculated using NHANES II. For 18 and under, a height and weight must be taken on the same day any time during the Report Period. For 19 through 50, height and weight within last five years, not required to be on same day. For over 50, height and weight within last two years, not required to be on same day. 2) **Refusals:** Include REF (refused), NMI (not medically indicated) and UAS (unable to screen) and must be documented during the past year. For ages 18 and under, both the height and weight must be refused on the same visit at any time during the past year. For ages 19 and older, the height and the weight must be refused during the past year and are not required to be on the same visit. **Patient List:** Patients for whom a BMI could NOT be calculated.

<table>
<tr><th>Performance Measure Topic Name and Owner/Contact</th><th>General Definition
(NOTE: Red, bold italic type indicates new or edited definitions, GPRA measures in yellow)</th></tr>
<tr><td>Childhood Weight Control
Nutrition Program, Jean Charles-Azure/ Diabetes Program, Dr. Martin Kileen

NATIONAL (reported to Congress)</td><td>
No changes from Version 6.0
Denominator: GPRA: Active Clinical Patients 2-5 for whom a BMI could be calculated, broken out by age groups.
Numerators: 1) Patients with BMI 85-94%. 2) GPRA: Patients with a BMI 95% and up.
3) Patients with a BMI =>85%.
Definitions: 1) Age: All patients who are between the ages of 2 and 5 at the beginning of the Report Period and who do not turn age 6 during the Report Period are included in this measure. Age in the age groups is calculated based on the date of the most current BMI found. For example, a patient may be 2 at the beginning of the time period but is 3 at the time of the most current BMI found. That patient will fall into the Age 3 group.
2) BMI: CRS looks for the most recent BMI in the Report Period. CRS calculates BMI at the time the report is run, using NHANES II. A height and weight must be taken on the same day any time during the Report Period. The BMI values for this measure are reported differently than in Obesity Assessment since this age group is children ages 2-6, whose BMI values are age-dependent. The BMI values are categorized as At-risk for Overweight for patients with a BMI between 85-94% and Overweight for patients with a BMI of 95%. Patients whose BMI either is greater or less than the Data Check Limit range shown below will not be included in the report counts for At-risk for Overweight or Overweight.
BMI STANDARD REFERENCE DATA
<table>
<tr><th>Low-High Ages</th><th>Sex</th><th>BMI >= (Risk-Overwt.)</th><th>BMI >= (Overwt)</th><th>Data Check Limits BMI ></th><th>BMI <</th></tr>
<tr><td>2-2</td><td>Male</td><td>17.7</td><td>18.7</td><td>36.8</td><td>7.2</td></tr>
<tr><td></td><td>Female</td><td>17.5</td><td>18.6</td><td>37.0</td><td>7.1</td></tr>
<tr><td>3-3</td><td>Male</td><td>17.1</td><td>18.0</td><td>35.6</td><td>7.1</td></tr>
<tr><td></td><td>Female</td><td>17.0</td><td>18.1</td><td>35.4</td><td>6.8</td></tr>
<tr><td>4-4</td><td>Male</td><td>16.8</td><td>17.8</td><td>36.2</td><td>7.0</td></tr>
<tr><td></td><td>Female</td><td>16.7</td><td>18.1</td><td>36.0</td><td>6.9</td></tr>
<tr><td>5-5</td><td>Male</td><td>16.9</td><td>18.1</td><td>36.0</td><td>6.9</td></tr>
<tr><td></td><td>Female</td><td>16.9</td><td>18.5</td><td>39.2</td><td>6.8</td></tr>
</table>
GPRA Description: During FY 2006, establish the baseline proportion of children ages 2-5 years, with a BMI of 95% or higher.
Patient List: Patients ages 2-5 with current BMI.
</td></tr>
<tr><td>Nutrition and Exercise Education For At Risk Patients
Patient Education Program/ Mary Wachacha
Nutrition Program/ Jean Charles-Azure</td><td>
No changes from Version 6.0
Denominators: 1) Active Clinical patients ages 6 and older considered overweight (including obese), defined as adults with BMI =>25, ages 18 and under based on standard tables.
A) Patients considered obese, defined as adults with BMI =>30, ages 18 and under based on standard tables. Broken out by gender and age groups: 6-11, 12-19, 20-39, 40-59, =>60 (HP 2010).
2) Active Diabetic patients (see Diabetes Comprehensive Care above for definition).
Numerators: During the Report Period: 1) Patients provided with medical nutrition counseling.
2) Patients provided with nutrition education.
3) Patients provided with exercise education.
4) Patients provided with other related education.
Definitions: 1) Medical Nutrition Counseling: CPT 97802-97804, G0270, G0271; or provider codes 07, 29, 97 or 99; or clinic codes 67 or 36
2) Nutrition Education: Patient Education codes ending “-N” or "-MNT" or old codes containing “-DT” (diet); POV V65.3
3) Exercise Education: Patient Education codes ending “-EX”; POV V65.41
4) Other Related Education: Patient Education codes ending “-LA” or containing “OBS-”
Patient List: Patients defined as at risk, with date and codes, if any.
</td></tr>
</table>

Performance Measure Topic Name and Owner/Contact	General Definition **(NOTE: *Red, bold italic type* indicates new or edited definitions, GPRA measures in yellow)**
Cardiovascular Disease and Cholesterol Screening* Dr. James Galloway/ Mary Wachacha *NATIONAL (reported to Congress)*	***Changes from Version 6.0, as noted below.*** **Denominators:** 1) **GPRA:** Active Clinical patients ages 23 and older; broken out by gender. 2) Active Clinical patients diagnosed with ischemic heart disease prior to the Report Period and with at least two IHD-related visits any time during the Report Period. Broken down by gender. **Numerators:** 1) **GPRA:** Patients with documented cholesterol screening any time during past five years, regardless of result. 2) With high cholesterol, defined as => 240. 3) With LDL completed, regardless of result. 4) LDL <= 100. 5) LDL 101-130. 6) LDL 131-160. 7) LDL >160. **Definitions:** 1) **Total Cholesterol Panel:** CPT 82465; LOINC taxonomy; site-populated taxonomy DM AUDIT CHOLESTEROL TAX. 2) **LDL:** CPT 83721; LOINC taxonomy; site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX 3) **Ischemic Heart Disease (IHD):** One visit prior to the Report Period AND 2 or more visits any time during the Report Period with diagnosis of ischemic heart disease (Purpose of Visit 410.0-412.*, 414.0-414.9, 428.* or 429.2 recorded in the V POV file). **GPRA Description:** During FY 2006, increase ***to 44.0%*** the proportion of patients ages 23 and older that receive blood cholesterol screening. ***FY05 Rate: 43.0%*** **Patient List:** Patients in the denominator, with date and test, if any.
Cardiovascular Disease and Blood Pressure Control* Dr. James Galloway/ Mary Wachacha ***NATIONAL (included in NTL report; <u>not</u> reported to Congress)***	**No changes from Version 6.0** **Denominators:** 1) All Active Clinical patients ages 20 and over, broken down by gender (removed exclusion for patients with any diabetes diagnosis). 2) All User Population patients ages 20 and older, broken down by gender (removed exclusion for patients with any diabetes diagnosis). 3) Active Clinical patients diagnosed with ischemic heart disease prior to the Report period and with at least two IHD-related visits any time during the Report period. Broken down by gender. **Numerators:** 1) Patients with BP values documented. 2) Patients with normal BP, <120/80. 3) Pre-hypertension I, => 120/80 and < 130/80. 4) Pre-hypertension II, =>130/80 and < 140/90. 5) Stage 1 hypertension, => 140/90 and <160/100. 6) Stage 2 hypertension, => 160/100. **Definitions:** 1) **BP Values (all numerators):** CRS uses mean of last 3 Blood Pressures documented on non-ER visits in the past two years. If 3 BPs are not available, uses mean of last 2 non-ER BPs. If a visit contains more than 1 BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2). If the systolic and diastolic values do not BOTH meet the current category, then the value that is least controlled determines the category. 2) **Ischemic Heart Disease (IHD):** One visit prior to the Report period AND 2 or more visits any time during the Report period with diagnosis of ischemic heart disease (Purpose of Visit 410.0-412.*, 414.0-414.9, 428.* or 429.2 recorded in the V POV file). **Patient List:** Patients => 20 w/ denominator identified & mean BP, if any.

Performance Measure Topic Name and Owner/Contact	General Definition **(NOTE: *Red, bold italic type* indicates new or edited definitions, GPRA measures in yellow)**
Controlling High Blood Pressure Dr. James Galloway/ Mary Wachacha	***Changes from Version 6.0, as noted below.*** **Denominator:** Active Clinical patients ages 46 through 85 diagnosed with hypertension and no documented history of ESRD, broken down by gender. **Numerators:** 1) Patients with BP values documented. 2) Patients with normal BP, <120/80. 3) Pre-hypertension I, => 120/80 and < 130/80. 4) Pre-hypertension II, =>130/80 and < 140/90. 5) Stage 1 hypertension, => 140/90 and <160/100. 6) Stage 2 hypertension, => 160/100. **Definitions:** 1) **Hypertension:** Diagnosis (POV or problem list) 401.* prior to the Report Period, and at least one hypertension POV during the Report Period. 2) **BP Values (all numerators):** Uses mean of last 3 Blood Pressures documented on non-ER visits during the Report Period. If 3 BPs are not available, uses mean of last 2, non-ER BPs. If a visit contains more than 1 BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2). If the systolic and diastolic values do not BOTH meet the current category, then the value that is least controlled determines the category. 3) **ESRD:** CPT 90921, 90925 or POV 585.1-585.9, ***585 (old code).*** **Patient List:** Patients in the denominator, with BP value, if any.
Comprehensive CVD-Related Assessment Dr. James Galloway/ Mary Wachacha *NATIONAL (included in NTL report; not reported to Congress)*	**See related CVD topics for identification of further changes for this topic.** **Denominators:** 1) Patients ages 46 and older who are not diabetic. 2) Active Diabetic patients (see Diabetes Comprehensive Care above for definition) ages 46 and older. 3) Active Clinical patients diagnosed with ischemic disease prior to the Report period and with at least two CVD-related visits any time during the Report period. **Numerators:** 1) Patients with Blood Pressure value documented at least twice in prior two years. 2) With LDL completed in past five years, regardless of result. 3) Screened for tobacco use during the Report Period. 4) For whom a BMI could be calculated, including refusals in the past year. 5) Who have received any lifestyle adaptation counseling, including medical nutrition counseling, or nutrition, exercise or other lifestyle education during the Report Period. 6) Screened for depression or diagnosed with a mood disorder during the Report Period, including documented refusals in past year. 7) Patients with ALL assessments above. **Definitions:** 1) **Ischemic Heart Disease (IHD):** One visit prior to the Report period AND 2 or more visits any time during the Report period with diagnosis of ischemic heart disease (Purpose of Visit 410.0-412.*, 414.0-414.9, 428.* or 429.2 recorded in the V POV file). 2) **Patients without diabetes:** No diabetes diagnosis ever (POV 250.00-250.93). 3) **BP:** Having a minimum of 2 Blood Pressures documented on non-ER visits during the Report period. **NOTE:** For specific definitions and changes to those definitions, refer to the following topics above: Diabetes and Lipids Assessment; Tobacco Use Assessment; Obesity Assessment; Nutrition and Exercise Education for At Risk Patients; and Depression Screening. **Patient List:** List of patients with assessments received, if any.

Performance Measure Topic Name and Owner/Contact	General Definition **(NOTE: *Red, bold italic type* indicates new or edited definitions, GPRA measures in yellow)**
Beta-Blocker Treatment After A Heart Attack Dr. James Galloway/ Mary Wachacha ***NATIONAL (included in NTL report; not reported to Congress)***	***Changes from Version 6.0, as noted below.*** **Denominator:** Active Clinical patients 35 and older discharged for an AMI during the first 51 weeks of the Report period, were not readmitted for any diagnosis within seven days of discharge, and do not have a contraindication/previous adverse reaction to beta-blocker therapy. Broken down by gender. **Numerator:** Patients with active prescription for beta-blockers no later than 7 days after first discharge (i.e. prescribed during stay or at discharge or current at time of admission). **Definitions:** 1) **Acute Myocardial Infarction (AMI):** POV 410.*1 (i.e. first eligible episode of an AMI) with Service Category H. If patient has more than one episode of AMI during the first 51 weeks of the Report period, CRS will include only the first discharge. 2) **Beta-blockers:** To be included in the numerator, patient must have an active prescription (not discontinued as of [discharge date + 7 days]) either prescribed prior to admission, during the inpatient stay, or within seven days after discharge. "Active" prescription defined as: Days Prescribed > ((Discharge Date + 7 days) - Order Date). Beta blockers defined with Medication taxonomy BGP ***HEDIS (changed from CMS)*** BETA BLOCKER MEDS. ***(Medications are: Acebutolol HCL, Atenolol, Betaxolol HCL, Bisoprolol fumarate, Carteolol HCL, Carvedilol, Labetalol HCL, Metoprolol succinate, Metoprolol tartrate, Nadolol, Penbutolol sulfate, Pindolol, Propranolol HCL, Sotalol HCL, Timolol maleate.)*** ***NOTE: The list of medications developed by IHS was replaced with a list developed by HEDIS and the list is no longer being pre-populated by VA Drug Class.*** **Denominator Exclusions:** 1) Patients with Discharge Type of Irregular (AMA), Transferred, or contains "Death." 2) Patients with contraindications to beta-blockers, defined as occurring anytime through discharge date: A) Asthma - 2 diagnoses (POV) of 493* on different visit dates; B) Hypotension - 1 diagnosis of 458*; C) Heart block >1 degree - 1 diagnosis of 426.0, 426.12, 426.13, 426.2, 426.3, 426.4, 426.51, 426.52, 426.53, 426.54, or 426.7; D) Sinus bradycardia - 1 diagnosis of 427.81; or E) COPD - 2 diagnoses on different visit dates of ***491.2* (changed from 491.20-491.21),*** 496, or 506.4, or a combination of any of these codes, such as 1 visit with 491.20 and 1 with 496. 3) Documented beta blocker allergy/ADR, defined as occurring anytime through discharge date: A) POV 995.0-995.3 AND E942.0; B) "beta block*" entry in ART (Patient Allergies File); or C) "beta block*", "bblock*" or "b block*" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8. 4) Patients readmitted for any diagnosis within seven days of discharge. **Patient List:** Patients with AMI, with beta-blocker prescription, if any.

Performance Measure Topic Name and Owner/Contact	General Definition **(NOTE: *Red, bold italic type* indicates new or edited definitions, GPRA measures in yellow)**
Persistence of Beta-Blocker Treatment After A Heart Attack Dr. James Galloway/ Mary Wachacha ***NATIONAL (included in NTL report; not reported to Congress)***	***Changes from Version 6.0, as noted below.*** **Denominator:** Active Clinical patients 35 and older diagnosed with an AMI six months prior to the Report period through the first six months of the Report period and do not have a contraindication/previous adverse reaction to beta-blocker therapy. Broken down by gender. **Numerator:** Patients with a 180-day course of treatment with beta-blockers following first discharge date or visit date, including previous active prescriptions. **Definitions:** 1) **Acute Myocardial Infarction (AMI):** POV 410.*0 or 410.*1, which may be diagnosed at inpatient or outpatient visit. 2) **Inpatient visit:** Service Category of H (Hospitalization) and must occur between six months prior to Report period through first six months of the Report period. If patient has more than one episode of AMI during the timeframe, CRS will include only the first hospital discharge or ambulatory visit. 3) **Beta-blocker Treatment:** To be included in the numerator, patients must have a beta-blocker days' supply >= 135 days in the 180 days following discharge date for inpatient visits or visit date for ambulatory visits. Prior active beta-blocker prescriptions can be included if the treatment days fall within the 180 days following discharge/visit date. Prior active prescription defined as most recent beta-blocker prescription (see codes below) prior to admission/visit date with the number of days supply equal to or greater than the discharge/visit date minus the prescription date. **NOTE:** If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2003, Discontinued Date=11/19/2003, Recalculated # Days Prescribed=4. 4) **Beta-blockers:** Medication taxonomy BGP ***HEDIS (changed from CMS)*** BETA BLOCKER MEDS. ***(Medications are: Acebutolol HCL, Atenolol, Betaxolol HCL, Bisoprolol fumarate, Carteolol HCL, Carvedilol, Labetalol HCL, Metoprolol succinate, Metoprolol tartrate, Nadolol, Penbutolol sulfate, Pindolol, Propranolol HCL, Sotalol HCL, Timolol maleate.)*** ***NOTE: The list of medications developed by IHS was replaced with a list developed by HEDIS and the list is no longer being pre-populated by VA Drug Class.*** Example of patient included in the numerator who has prior active prescription: - Admission Date: 2/1/2004, Discharge Date: 2/15/2004 - Must have 135 days prescribed by 8/13/2004 (Discharge Date+180) - Prior Beta-Blocker Rx Date: 1/15/2004 - # Days Prescribed: 60 (treats patient through 3/15/2004) - Discharge Date minus Rx Date: 2/15/2004-1/15/2004 = 31, 60 is >= 31, prescription is considered Prior Active Rx - 3/15/2004 is between 2/15 and 8/13/2004, thus remainder of Prior Active Rx can be counted toward 180-day treatment period - # Remaining Days Prescribed from Prior Active Rx: (60-(Discharge Date-Prior Rx Date) = 60-(2/15/2004-1/15/2004) = 60-31 = 29 - Rx #2: 4/1/2004, # Days Prescribed: 90 - Rx #3: 7/10/2004, #Days Prescribed: 90 - Total Days Supply Prescribed between 2/15 and 8/13/2004: 29+90+90=209 **Denominator Exclusions:** 1) If inpatient visit, patients with Discharge Type of Irregular (AMA), Transferred, or contains "Death." 2) Patients with contraindications to beta-blockers occurring anytime through discharge/ visit date: A) Asthma - 2 diagnoses (POV) of 493* on different visit dates; B) Hypotension - 1 diagnosis of 458*; C) Heart block >1 degree - 1 diagnosis of 426.0, 426.12, 426.13, 426.2, 426.3, 426.4, 426.51, 426.52, 426.53, 426.54, or 426.7; D) Sinus bradycardia - 1 diagnosis of 427.81; or E) COPD - 2 diagnoses on different visit dates of ***491.2* (changed from 491.20-491.21),***, 496, or 506.4, or a combination of any of these diagnoses, such as one visit with

Performance Measure Topic Name and Owner/Contact	General Definition **(NOTE: *Red, bold italic type* indicates new or edited definitions, GPRA measures in yellow)**
Persistence of Beta-Blocker Treatment After A Heart Attack (cont'd) Dr. James Galloway/ Mary Wachacha	491.20 and one with 496. 3) Documented beta blocker allergy/ADR occurring anytime through discharge/visit date: A) POV 995.0-995.3 AND E942.0; B) "beta block*" entry in ART (Patient Allergies File); or C) "beta block*", "bblock*" or "b block*" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8. **Patient List:** Patients with AMI, with all beta-blocker prescriptions during the 180-day timeframe, if any.
Cholesterol Management for Patients with Cardiovascular Conditions *(renamed from Cholesterol Management After Acute CVD Event)* Dr. James Galloway/ Mary Wachacha ***NATIONAL (included in NTL report; not reported to Congress)***	***Changes from Version 6.0, as noted below.*** **Denominator:** Active Clinical patients ages 18 to 75 ***who, during the first 10 months of the year prior to the*** beginning of the Report period, were diagnosed with acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous transluminal coronary angioplasty (PTCA), ***or ischemic vascular disease (IVD).*** Broken down by gender. **Numerators:** 1) Patients with LDL completed during the ***Report Period (changed from 60-365 days after diagnosis),*** regardless of result. 2) Patients with LDL <=100, completed during the ***Report Period (changed from 60-365 days after diagnosis).*** 3) Patients with LDL 101-130, completed during the ***Report Period (changed from 60-365 days after diagnosis).*** 4) Patients with LDL >130, completed during the ***Report Period (changed from 60-365 days after diagnosis).*** **Definitions:** 1) **AMI:** POV 410.*0 or 410.*1. 2) **PTCA:** A) V Procedure 36.01, 36.02, 36.05, 36.09 or B) CPT 33140, 92980-92982, 92984, 92995, 92996. 3) **CABG:** A) V Procedure 36.1*, 36.2 or B) CPT 33510-33514, 33516-33519, 33521-33523, 33533-33536, ***35600, 33572.*** If diagnosis occurred at an inpatient visit, discharge date will be used instead of visit date. ***4) IVD: A) Coronary Artery Disease: POV 414.0*, 429.2; B) Stable Angina: POV 411.*, 413.*; C) Lower Extremity Arterial Disease/Peripheral Artery Disease: POV 443.9, 440.20-440.24, 440.29; D) Ischemia: 435.*; E) Stroke: 433.*, 434.*, 437.0, 437.1, 438.0-438.42, 438.5*, 438.6-438.9; F) Artheroembolism: POV 444.*, 445.*; G) Abdominal Aortic Aneurysm: 441.*; H) Renal Artery Atherosclerosis: 440.1.*** 5) **LDL:** CPT 83721; LOINC taxonomy; site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX. For each of the numerators, finds the most recent LDL test from the ***Report Period end date (removed "that is between 60 and 365 days after diagnosis").*** **Patient List:** Patients with AMI, CABG, or PTCA w/LDL value, if any.

Performance Measure Topic Name and Owner/Contact	General Definition **(NOTE: *Red, bold italic type* indicates new or edited definitions, GPRA measures in yellow)**
STD-RELATED GROUP	
Prenatal HIV Testing and Education Drs. Theresa Cullen, Charlton Wilson, Jim Cheek, and John Redd *NATIONAL (reported to Congress)*	***Changes from Version 6.0, as noted below.*** **Denominator: GPRA:** All pregnant patients with no documented miscarriage or abortion during the past 20 months and NO recorded HIV diagnosis ever. **Numerators:** 1) Patients who received counseling and/or patient education about HIV and testing during the past 20 months. 2) **GPRA:** Patients who received HIV test during the past 20 months, including refusals. A) Number of documented refusals. **Definitions:** 1) **Pregnancy:** At least 2 visits with POV: V22.0-V23.9, 640.*-648.*, 651.*-676.* during the past 20 months, with one diagnosis occurring during the reporting period. 2) **Miscarriage:** Occurring after the second pregnancy POV and during the past 20 months. POV: 630, 631, 632, 633*, 634*, CPT: 59812, 59820, 59821, 59830 3) **Abortion:** Occurring after the second pregnancy POV and during the past 20 months. POV: 635*, 636*, 637*, CPT: 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857 4) **HIV:** V POV or Problem List: ***042,*** 042.0-044.9 ***(old codes),*** V08, 795.71 5) **HIV Counseling/Patient Education:** POV: V65.44, Patient Education codes containing "HIV-" or "-HIV" or HIV diagnosis 042.0-044.9, V08, 795.71 6) **HIV Test:** CPT: 86689, 86701-86703, 87390, 87391, ***87534-87539;*** LOINC taxonomy; site-populated taxonomy BGP GPRA HIV TESTS 7) **Refusal of HIV Test:** Lab Test HIV **GPRA Description:** In FY 2006, increase ***to 55.0%*** the proportion of pregnant female patients screened for HIV. ***FY05 Rate: 54.0%*** **Patient List:** Pregnant patients without documented HIV test or refusal in past 20 months.
HIV Quality of Care Drs. Theresa Cullen, Charlton Wilson, and Jonathan Iralu	***Changes from Version 6.0, as noted below.*** **Denominator:** Patients 13 and older with at least 2 direct care visits (i.e. not contract/CHS) during the Report Period with HIV diagnosis AND 1 HIV visit in last 6 months. Broken out by gender. **Numerators:** 1) Patients who received CD4 test only (without PCR viral load) during the Report Period. 2) Patients who received HIV Viral load only (without CD4), as measured by PCR or a comparable test, during the Report Period. 3) Patients who received both CD4 and HIV viral load tests during the Report Period. 4) Total patients receiving tests. **Definitions:** 1) **HIV:** POV or Problem List ***042,*** 042.0-044.9 ***(old codes),*** V08, or 795.71 2) **CD4:** CPT ***86359, 86360,*** 86361; LOINC taxonomy; site-populated taxonomy BGP CD4 TAX 3) **HIV Viral Load:** CPT 87536, 87539; LOINC taxonomy; site-populated taxonomy BGP HIV VIRAL TAX **Patient List:** None
Chlamydia Screening Epidemiology Program/ Dr. Jim Cheek, Lori DeRavello, MPH	***Changes from Version 6.0, as noted below.*** **Denominator:** Female Active Clinical patients ages 16 through 25, broken down into age groups 16-20 and 21-25. **Numerator:** Patients tested for Chlamydia trachomatis during the Report Period. **Definitions: Chlamydia:** V73.88, V73.98; CPT: ***86631, 86632,*** 87110, 87270, 87320, 87490-87492, 87810; site-populated taxonomy BGP GPRA CHLAMYDIA TESTS; LOINC taxonomy ***(additions to LOINC taxonomy).*** **Patient List:** Patients with no documented screening.

Performance Measure Topic Name and Owner/Contact	General Definition **(NOTE: *Red, bold italic type* indicates new or edited definitions, GPRA measures in yellow)**
OTHER CLINICAL MEASURES GROUP	
Osteoporosis Management* Drs. Bruce Finke and Lisa Sumner	***Changes from Version 6.0, as noted below.*** **Denominator:** Female Active Clinical patients ages 67 and older who had a new fracture occurring six months (180 days) prior to the Report period through the first six months of the Report period with no osteoporosis screening or treatment in year prior to the fracture. **Numerator:** Patients treated or tested for osteoporosis after the fracture. **Definitions:** 1) **Fracture:** Does not include fractures of finger, toe, face, or skull. CRS will search for the first (i.e. earliest) fracture during the period six months (180) days prior to the beginning of the Report period and the first six months of the Report period. If multiple fractures are present, only the first fracture will be used. The Index Episode Start Date is the date the fracture was diagnosed. If the fracture was diagnosed at an outpatient visit (Service Category A, S, or O), the Index Episode Start Date is equal to the Visit Date. If diagnosed at an inpatient visit (Service Category H), the Index Episode Start Date is equal to the Discharge Date. **Fracture codes:** A) CPTs: 21800, 21805, 21810, 21820, 21825, 22305, 22310, 22315, 22318, 22319, 22325, 22326, 22327, 22328, 23500, 23505, 23515, 23570, 23575, 23585, 23600, 23605, 23615, 23616, 23620, 23625, 23630, 23665, 23670, 23675, 23680, 24500, 24505, 24515, 24516, 24530, 24535, 24538, 24545, 24546, 24560, 24565, 24566, 24575, 24576, 24577, 24579, 24582, 24586, 24587, 24620, 24635, 24650, 24655, 24665, 24666, 24670, 24675, 24685, 25500, 25505, 25515, 25520, 25525, 25526, 25530, 25535, 25545, 25560, 25565, 25574, 25575, 25600, 25605, 25611, 25620, 25622, 25624, 25628, 25630, 25635, 25645, 25650, 25651, 25652, 25680, 25685, ***(deleted 26600-26615)*** 27193, 27194, 27200, 27202, 27215, 27216, 27217, 27218, 27220, 27222, 27226, 27227, 27228, 27230, 27232, 27235, 27236, 27238, 27240, 27244, 27245, 27246, 27248, 27254, 27500, 27501, 27502, 27503, 27506, 27507, 27508, 27509, 27510, 27511, 27513, 27514, 27520, 27524, 27530, 27532, 27535, 27536, 27538, 27540, 27750, 27752, 27756, 27758, 27759, 27760, 27762, 27766, 27780, 27781, 27784, 27786, 27788, 27792, 27808, 27810, 27814, 27816, 27818, 27822, 27823, 27824, 27825, 27826, 27827, 27828 ***(deleted 28400-28485);*** B) POVs: 733.1, 805*-806*, 807.0*-***807.4 (revised range from 807.0*-807.3),*** 808*-815*, 818*-825*, 827*, 828*; C) V Procedure: 79.00-79.03, 79.05-79.07, 79.09, 79.10-79.13, 79.15-79.17, 79.19, 79.20-79.23, 79.25-79.27, 79.29, 79.30-79.33, 79.35-79.37, 79.39, 79.60-79.63, 79.65-79.67, 79.69. 2) **Osteoporosis Treatment and Testing:** A) For fractures diagnosed at an outpatient visit: I) A non-discontinued prescription within six months (180 days) of the Index Episode Start Date (i.e. visit date) or II) a BMD test within six months of the Index Episode Start Date. B) For fractures diagnosed at an inpatient visit, a BMD test performed during the inpatient stay. 3) **BMD Test:** A) CPT: 76070, 76071, 76075, 76076, 76078, ***(deleted 76499),*** 76977, ***(deleted 76999),*** 78350, 78351; B) V Procedure 88.98; ***C) POV V82.81.*** 4) **Osteoporosis Treatment Medication:** Medication taxonomy BGP ***HEDIS*** OSTEOPOROSIS MEDS. (Medications are Alendronate, ***Alendronate-Cholecalciferol (Fosomax Plus D), Ibandronate (Boniva),*** Risedronate, Calcitonin, Raloxifene, Estrogen, ***Injectable Estrogens,*** Teriparatide, ***Fluoride, Vitamin D, and Calcium Products.)*** ***NOTE: The list of medications developed by IHS was replaced with a list developed by HEDIS.*** **Denominator Exclusions:** 1) Patients receiving osteoporosis screening or treatment in the year (365 days) prior to the Index Episode Start Date. Osteoporosis screening or treatment is defined as a Bone Mineral Density (BMD) test (see below for codes) or receiving any osteoporosis therapy medication (see below for codes). 2) Patients with a fracture diagnosed at an outpatient visit who ALSO had a fracture within 60 days prior to the Index Episode Start Date. 3) Patients with a fracture diagnosed at an inpatient visit who ALSO had a fracture within 60 days prior to the ADMISSION DATE. **Patient List:** Female patients with new fracture who have had osteoporosis treatment or testing, if any.

Performance Measure Topic Name and Owner/Contact	General Definition **(NOTE: *Red, bold italic type* indicates new or edited definitions, GPRA measures in yellow)**
Osteoporosis Screening in Women* Drs. Bruce Finke and Lisa Sumner	***Changes from Version 6.0, as noted below.*** **Denominator:** Female Active Clinical patients ages 65 and older without a documented history of osteoporosis. **Numerators:** Patients who had osteoporosis screening documented in the past 2 years, including documented refusals in past year. A) Patients with documented refusal in past year. **Definitions:** 1) **Patients without Osteoporosis:** No osteoporosis diagnosis ever (POV 733.*). 2) **Osteoporosis Screening:** Any one of the following in the past two years or documented refusal in the past year: A) **Central DEXA:** CPT 76075; B) **Peripheral DEXA:** CPT 76076; C) **Central CT:** CPT 76070; D) **Peripheral CT:** CPT 76071; E) **US Bone Density:** CPT 76977; F) **Quantitative CT:** V Procedure 88.98; ***G) POV V82.81 Special screening for other conditions, Osteoporosis.*** **Patient List:** Female patients ages 65 and older with osteoporosis screening, if any.

Performance Measure Topic Name and Owner/Contact	General Definition **(NOTE: *Red, bold italic type* indicates new or edited definitions, GPRA measures in yellow)**
Rheumatoid Arthritis Medication Monitoring Dr. Lisa Sumner	***New measure for Version 6.1*** **Denominator:** Active Clinical patients ages 16 and older diagnosed with rheumatoid arthritis (RA) prior to the Report Period and with at least two RA-related visits any time during the Report Period who were prescribed maintenance therapy medication chronically during the Report Period. **Numerator:** Patients who received appropriate monitoring of chronic medication during the Report Period. **Definitions:** 1) **Rheumatoid Arthritis (RA):** diagnosis (POV or Problem List) 714.* prior to the Report period, and at least two RA POVs during the Report period. 2) **Maintenance Therapy Medications and Monitoring:** For all maintenance therapy medications EXCEPT intramuscular gold, each medication must be prescribed within the past 465 days of the end of the Report Period (i.e. the Medication Period) and the sum of the days supply =>348. This means the patient must have been on the medication at least 75% of the Medication Period. Two examples are shown below to illustrate this logic. Example of Patient Not on Chronic Medication (not included in Denominator): Report Period: Jan 1 – Dec 31, 2005 Medication Period: 465 days from end of Report Period (Dec 31, 2005): Sep 22, 2004 - Dec 31, 2005 Medication Prescribed: Diclofenac: 1st Rx: Oct 15, 2004, Days Supply=90; 2nd Rx: Jan 1, 2005: Days Supply=90; 3rd Rx: Mar 15, 2005: Days Supply=90. Total Days Supply=270. 270 is not >348. Patient is not considered on chronic medication and is not included in the denominator. Example of Patient on Chronic Medication (included in Denominator): Report Period: Jan 1 – Dec 31, 2005 Medication Period: 465 days from end of Report Period (Dec 31, 2005): Sep 22, 2004 – Dec 31, 2005 Medications Prescribed: Sulfasalazine: 1st Rx: Sep 30, 2004, Days Supply=90; 2nd Rx: Dec 30, 2004, Days Supply=90; 3rd Rx: Mar 15, 2005: Days Supply=180. Total Days Supply=360. 360 is >348. Patient is considered on chronic medication and is included in denominator. The days supply requirement may be met with a single prescription or from a combination of prescriptions for the same medication that were filled during the Medication Period. However, for all medications, there must be at least one prescription filled during the Report period. NOTE: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2003, Discontinued Date=11/19/2003, Recalculated # Days Prescribed=4. For intramuscular gold, the patient must have 12 or more injections during the Report Period. Appropriate monitoring of rheumatoid arthritis medications is defined with lab tests and varies by medication, as shown in the table below. If patient is prescribed two or more types of medications, patient must meet criteria for all of the medications. Maintenance Therapy Medications defined as: A) Medications shown in table below. EXCEPT for Gold, Intramuscular, all medications requiring more than one of each type of test during the Report Period, there must be a minimum of 10 days between tests. For example, if a Sulfasalazine test was performed on March 1, March 7, and March 21, 2005, the March 7 test will not be counted since it was performed only 6 days after the March 1 test. MEDICATION — REQUIRED MONITORING TEST(S) Gold, Intramuscular — CBC and Urine Protein on same day as each injection during Report Period.

Performance Measure Topic Name and Owner/Contact	General Definition **(NOTE: *Red, bold italic type* indicates new or edited definitions, GPRA measures in yellow)**
Rheumatoid Arthritis Medication Monitoring (cont'd) Dr. Lisa Sumner	MEDICATION — TEST(S) AND FREQUENCY Azathrioprine or Sulfasalazine — 4 CBCs during the Report Period. Leflunomide or the Methotrexate — 6 each of CBC, Serum Creatinine, and Liver Function Test during Report Period. Cyclosporin from — CBC, Liver Function Tests, and Potassium within past 180 days Report Period end date. 12 Serum Creatinine tests during the Report Period. Gold, Oral or Penicillamine — 4 each of CBC and Urine Protein during the Report Period. Mycophenolate — CBC within past 180 days from Report Period end date. These medications defined with medication taxonomies: BGP RA IM GOLD MEDS, BGP RA AZATHIOPRINE MEDS, BGP RA LEFLUNOMIDE MEDS, BGP RA METHOTREXATE MEDS, BGP RA CYCLOSPORINE MEDS, BGP RA ORAL GOLD MEDS, BGP RA MYCOPHENOLATE MEDS, BGP RA PENICILLAMINE MEDS, BGP RA SULFASALAZINE MEDS. B) All of the following medications must have Liver Function Tests and CBC during the Report Period: Diclofenac, Etodolac, Indomethacin, Ketorolac, Sulindac, Tolmetin, Meclofenamate, Mefanamic Acid, Nabumetone, Meloxicam, Piroxicam, Fenoprofen, Flurbiprofen, Ibuprofen, Ketoprofen, Naproxen, Oxaprozin, Aspirin, Choline Magnesium Trisalicylate, Diflunisil, Magnesium Salicylate, Celocoxib. All of these medications EXCEPT aspirin are defined with medication taxonomy BGP RA OA NSAID MEDS. Aspirin defined with medication taxonomy DM AUDIT ASPIRIN DRUGS. Example of Patient Not Included in Numerator: Medications Prescribed and Required Monitoring: Gold, Oral, last Rx Jun 15, 2005. Requires CBC and Urine Protein within past 90 days of Report Period end date. CBC performed on Dec 1, 2005, which is within past 90 days of Report Period end date of Dec 31, 2005. No Urine Protein performed during that period. Patient is not in numerator. Example of Patient Included in Numerator: Medications Prescribed and Required Monitoring: Diclofenac, last Rx Sep 1, 2005. Requires LFT and CBC during Report Period. Mycophenolate, last Rx Mar 10, 2005. Requires CBC within past 180 days from Report Period end date. LFT and CBC performed during Report Period. CBC performed Nov 1, 2005, which is within past 180 days of Report Period end date of Dec 31, 2005. Patient is in numerator. 3) **CBC (Complete Blood Count):** CPT 85025, 85027; site-populated taxonomy BGP CBC TESTS; or LOINC taxonomy. 4) **Urine Protein:** Site-populated taxonomy DM AUDIT URINE PROTEIN TAX or LOINC taxonomy. 5) **Serum Creatinine:** CPT 82540, 82565-75; site-populated taxonomy DM AUDIT CREATININE TAX; or LOINC taxonomy. 6) **Liver Function Tests:** Any one of the following: (A) ALT: CPT 84460, site-populated taxonomy DM AUDIT ALT, or LOINC taxonomy; (B) AST: CPT 84450, site-populated taxonomy DM AUDIT AST, or LOINC taxonomy; OR (C) Liver Function: CPT 80076, site-populated taxonomy BGP LIVER FUNCTION, or LOINC taxonomy. 7) **Potassium:** CPT 84132; site-populated taxonomy BGP POTASSIUM; or LOINC taxonomy. **Patient List:** RA patients 16 and older prescribed maintenance therapy medication with monitoring lab tests, if any.

Performance Measure Topic Name and Owner/Contact	General Definition **(NOTE: *Red, bold italic type* indicates new or edited definitions, GPRA measures in yellow)**
Osteoarthritis Medication Monitoring* Dr. Charles Reidhead	***New measure for Version 6.1*** **Denominator:** Active Clinical patients ages 40 and older diagnosed with osteoarthritis (OA) prior to the Report Period and with at least two OA-related visits any time during the Report Period and prescribed maintenance therapy medication chronically during the Report Period. **Numerator:** Patients who received appropriate monitoring of chronic medication during the Report Period. **Definitions:** 1**) Osteoarthritis (OA):** Diagnosis (POV or Problem List) 715.* prior to the Report period, and at least two OA POVs during the Report period. 2) **Maintenance Therapy Medications and Monitoring:** For all maintenance therapy medications, each medication must be prescribed within the past 465 days of the end of the Report Period (i.e. the Medication Period) and the sum of the days supply =>348. This means the patient must have been on the medication at least 75% of the Medication Period. Two examples are shown below to illustrate this logic. Example of Patient Not on Chronic Medication (not included in Denominator): Report Period: Jan 1 – Dec 31, 2005 Medication Period: 465 days from end of Report Period (Dec 31, 2005): Sep 22, 2004 – Dec 31, 2005 Medication Prescribed: Diclofenac: 1st Rx: Oct 15, 2004, Days Supply=90; 2nd Rx: Jan 1, 2005: Days Supply=90; 3rd Rx: Mar 15, 2005: Days Supply=90. Total Days Supply=270. 270 is not >348. Patient is not considered on chronic medication and is not included in the denominator. Example of Patient on Chronic Medication (included in Denominator): Report Period: Jan 1 – Dec 31, 2005 Medication Period: 465 days from end of Report Period (Dec 31, 2005): Sep 22, 2004 - Dec 31, 2005 Medication Prescribed: Etodolac: 1st Rx: Sep 30, 2004, Days Supply=90; 2nd Rx: Dec 30, 2004, Days Supply=90; 3rd Rx: Mar 15, 2005: Days Supply=180. Total Days Supply=360. 360 is >348. Patient is considered on chronic medication and is included in denominator. The days supply requirement may be met with a single prescription or from a combination of prescriptions for the same medication that were filled during the Medication Period. However, for all medications, there must be at least one prescription filled during the Report period. NOTE: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2003, Discontinued Date=11/19/2003, Recalculated # Days Prescribed=4. Appropriate monitoring of osteoarthritis medications is defined with lab tests and varies by medication, as shown in below. If patient is prescribed both glucocorticoids and any of the other osteoarthritis medications, patient must meet criteria for both of the medications. Maintenance Therapy Medications defined as: A) All of the following medications must have Liver Function Tests and CBC during the Report Period: Diclofenac, Etodolac, Indomethacin, Ketorolac, Sulindac, Tolmetin, Meclofenamate, Mefanamic Acid, Nabumetone, Meloxicam, Piroxicam, Fenoprofen, Flurbiprofen, Ibuprofen, Ketoprofen, Naproxen, Oxaprozin, Aspirin, Choline Magnesium Trisalicylate, Diflunisil, Magnesium Salicylate, Celocoxib. All of these medications EXCEPT aspirin are defined with medication taxonomy BGP RA OA NSAID MEDS. Aspirin defined with medication taxonomy DM AUDIT ASPIRIN DRUGS.

Performance Measure Topic Name and Owner/Contact	General Definition **(NOTE: *Red, bold italic type* indicates new or edited definitions, GPRA measures in yellow)**
Osteoarthritis Medication Monitoring (cont'd) Dr. Charles Reidhead	B) Glucocorticoids must have a yearly Urine Glucose test, which must be performed during the Report Period. These medications defined with medication taxonomy BGP OA GLUCOCORTICOIDS MEDS. (Medications are: Dexamethasone, Methylprednisolone, Prednisone, Hydrocortisone, Betamethasone, Prednisonolone, Triamcinolone.) Example of Patient Not Included in Numerator: Medication Prescribed and Required Monitoring: Diclofenac, last Rx Jun 15, 2005. Requires LFT and CBC during Report Period. Only the LFT was performed during Report Period. Patient is not in numerator Example of Patient Included in Numerator: Medications Prescribed and Required Monitoring: Diclofenac, last Rx Sep 1, 2005. Requires LFT and CBC during Report Period. Glucocorticoid, last Rx Mar 10, 2005. Requires Urine Glucose during Report Period. LFT, CBC, and Urine Glucose performed during Report Period. Patient is in numerator. 3) **CBC (Complete Blood Count):** CPT 85025, 85027; site-populated taxonomy BGP CBC TESTS; or LOINC taxonomy. 4) **Liver Function Tests:** Any one of the following: (1) ALT: CPT 84460, site-populated taxonomy DM AUDIT ALT, or LOINC taxonomy; (2) AST: CPT 84450, site-populated taxonomy DM AUDIT AST, or LOINC taxonomy; OR (3) Liver Function: CPT 80076, site-populated taxonomy BGP LIVER FUNCTION, or LOINC taxonomy. 5) **Urine Glucose:** Site-populated taxonomy BGP URINE GLUCOSE or LOINC taxonomy. **Patient List:** OA patients 40 and older prescribed maintenance therapy medication with monitoring lab tests, if any.
Asthma* Drs. Charles Reidhead and Charles North	**No changes from Version 6.0** **Denominators:** Active Clinical patients, broken out by age groups: <5, 5-64; 65 and older (HP 2010) **Numerators:** 1) Patients who have had 2 asthma-related visits during the Report Period OR who are Active patients in the Asthma Register System (ARS) and categorized as persistent (i.e. Severity 2, 3 or 4). 2) Patients from the first numerator who have hospital visits for asthma during the Report Period. **Definitions:** 1) **Asthma**: POV 493.* 2) **Hospital Visit:** Service Category H with primary POV 493.* **Patient List:** Patients in the numerator.

Performance Measure Topic Name and Owner/Contact	General Definition **(NOTE: *Red, bold italic type* indicates new or edited definitions, GPRA measures in yellow)**
Asthma Quality of Care Drs. Charles Reidhead and Charles North	***Changes from Version 6.0, as noted below.*** **Denominator:** Active Clinical patients ages 5-56 with persistent asthma within the year prior to the beginning of the Report period ***and during the Report period,*** without a documented history of emphysema or chronic obstructive pulmonary disease (COPD), broken down by age groups. **Numerator:** Patients who had at least one dispensed prescription for primary asthma therapy medication during the Report period. **Definitions:** 1) **Emphysema:** Any visit at any time on or before the end of the Report period with POV codes: 492.*, 506.4, 518.1, 518.2. 2) **Chronic obstructive pulmonary disease (COPD):** Any visit at any time on or before the end of the Report period with POV codes: 491.20, 491.21, ***491.22,*** 496, 506.*. 3) **Persistent Asthma:** Any of the following ***five criteria below*** within the year prior to the beginning of the Report period ***AND during the Report period:*** A) At least one visit to Clinic Code 30 (Emergency Medicine) with primary diagnosis 493* (asthma), B) At least one acute inpatient discharge with primary diagnosis 493.*. Acute inpatient discharge defined as Service Category of H, C) At least four outpatient visits, defined as Service Categories A, S, or O, with primary or secondary diagnosis of 493.* AND at least two asthma medication dispensing events (see definition below), or D) At least 4 asthma medication dispensing events (see definition below). If the sole medication was leukotriene modifiers, then MUST also meet criteria in 1-3 above or have at least one visit with POV 493.* ***in the same year as the leukotriene modifier (i.e. during the Report period or*** within the year prior to the beginning of the Report period.), or ***E) Categorized in the Asthma Register System (ARS) at ANY time before the end of the Report period as Active patient with Severity 2, 3 or 4.*** **Dispensing Event:** One prescription of an amount lasting 30 days or less. For RXs longer than 30 days, divide the days' supply by 30 and round down to convert. For example, a 100-day RX is equal to three dispensing events (100/30 = 3.33, rounded down to 3). Also, two different RXs dispensed on the same day are counted as two different dispensing events. Inhalers should also be counted as one dispensing event. **NOTE:** If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2003, Discontinued Date=11/19/2003, Recalculated # Days Prescribed=4. ***Asthma medication codes for denominator defined with medication taxonomies: BGP HEDIS ASTHMA MEDS, BGP HEDIS ASTHMA LEUK MEDS, BGP HEDIS ASTHMA INHALED MEDS. (Medications are: Inhaled Corticosteroids, Nedocromil, Cromolyn Sodium, Leukotriene Modifiers, Methylxanthines, or Long-acting, inhaled beta-2 agonists.)*** ***NOTE: The lists of medications developed by IHS were replaced with lists developed by HEDIS.*** 4) **Primary Asthma Therapy:** To be included in the numerator, patient must have a non-discontinued prescription for primary asthma therapy (see list of medications below) during the Report period. **Primary asthma therapy medication codes *for numerator* defined with medication taxonomy:** ***BGP HEDIS PRIMARY ASTHMA MEDS (changed from three separate taxonomies).*** (Medications are: Inhaled Corticosteroids, Nedocromil, Cromolyn Sodium, Leukotriene Modifiers or Methylxanthines.) ***NOTE: The list of medications developed by IHS was replaced with a list developed by HEDIS.*** **Patient List:** Asthmatic patients with primary asthma therapy medications, if any.

Performance Measure Topic Name and Owner/Contact	General Definition **(NOTE: *Red, bold italic type* indicates new or edited definitions, GPRA measures in yellow)**
Asthma and Inhaled Steroid Use Drs. Charles Reidhead and Charles North	***New measure for Version 6.1*** **Denominator:** Active Clinical patients ages 1 or older who have had two asthma-related visits during the Report Period or categorized in ARS as persistent. Broken down into age groups: 1-4, 5-19, 20-44, 45-64, and 65+ **Numerator:** Patients prescribed an inhaled corticosteroid during the Report Period. **Definitions:** 1) **Asthma:** Diagnosis (POV) 493.* 2) **Inhaled Corticosteroid:** To be included in the numerator, patient must have a non-discontinued prescription for an inhaled corticosteroid during the Report period. Inhaled corticosteroid medications defined with medication taxonomy BGP ASTHMA INHALED STEROIDS. (Medications are: Beclovent, Qvar, Vancenase, Vanceril, Vanceril DS, Bitolerol (Tornalate), Pulmicort, Pulmicort Respules, Pulmicort Turbohaler, Salmeterol/fluticasone (Advair), Triamcinolone (Azmacort), fluticasone (Flovent).) **Patient List:** Patients with asthma with inhaled corticosteroid prescription, if any.
Chronic Kidney Disease Assessment Kidney Disease Program/ Dr. Andrew Narva	**No changes from Version 6.0** **Denominator:** All patients 18 and older with serum creatinine test in past year. **Numerators:** 1) Patients with Estimated GFR result (lab test Estimated GFR). A) with GFR <60 **Definitions:** 1) **Creatinine:** CPT 82540, 82565-75; LOINC; site-populated taxonomy DM AUDIT CREATININE TAX. 2) **Estimated GFR:** site-populated taxonomy BGP GPRA ESTIMATED GFR TAX, LOINC code 33914-3. **Patient List:** Patients with Creatinine test, with GFR and value, if any.

Performance Measure Topic Name and Owner/Contact	General Definition **(NOTE: *Red, bold italic type* indicates new or edited definitions, GPRA measures in yellow)**
Prediabetes/Metabolic Syndrome Drs. Stephen J. RithNajarian and Kelly Moore ***NATIONAL (included in NTL report; not reported to Congress)***	***Changes from Version 6.0, as noted below.*** **Denominator:** Active Clinical patients ages 18 and older diagnosed with prediabetes/metabolic syndrome without a documented history of diabetes. **Numerators:** 1) Patients with Blood Pressure documented at least twice during the Report Period. 2) Patients with LDL completed, regardless of result, during the Report Period. 3) Patients with fasting glucose test, regardless of result, during the Report Period. 4) Patients with positive urine protein test or, if urine protein test is negative, any microalbuminuria test, regardless of result, during the Report Period ***OR with evidence of diagnosis and/or treatment of ESRD at any time before the end of the Report period.*** 5) Patients who have been screened for tobacco use during the Report Period. 6) Patients for whom a BMI could be calculated, including refusals in the past year. 7) Patients who have received any lifestyle adaptation counseling, including medical nutrition counseling, or nutrition, exercise or other lifestyle education during the Report Period. 8) Patients screened for depression or diagnosed with a mood disorder at any time during the Report period, including documented refusals in past year. 9) Patients with all screenings. **Definitions:** 1) **Prediabetes/Metabolic Syndrome:** Diagnosis of prediabetes/metabolic syndrome, defined as: two visits during the Report Period with POV 277.7, OR any three or more of the following occurring during the Report Period except as otherwise noted: A) BMI => 30 OR Waist Circumference >40 inches for men or >35 inches for women, B) Triglyceride value >=150, C) HDL value <40 for men or <50 for women, D) Patient diagnosed with hypertension OR mean Blood Pressure value => 130/85 where systolic is =>130 OR diastolic is =>85, E) Fasting Glucose value =>100 AND <126. NOTE: Waist circumference and fasting glucose values will be checked last. 2) **Patients without Diabetes:** No diabetes diagnosis ever (POV 250.00-250.93). 3) **BMI:** CRS calculates BMI at the time the report is run, using NHANES II. For 18 and under, a height and weight must be taken on the same day any time during the Report Period. For 19 through 50, height and weight must be recorded within last 5 years, not required to be on the same day. For over 50, height and weight within last 2 years, not required to be recorded on same day. Refusals include REF (refused), NMI (not medically indicated) and UAS (unable to screen) and must be documented during the past year. For ages 18 and under, both the height and weight must be refused on the same visit at any time during the past year. For ages 19 and older, the height and the weight must be refused during the past year and are not required to be on the same visit. 4) **Triglyceride:** CPT 84478; LOINC taxonomy; or site-populated taxonomy DM AUDIT TRIGLYCERIDE TAX. 5) **HDL:** CPT 83718; LOINC taxonomy; or site-populated taxonomy DM AUDIT HDL TAX. 6) **Fasting Glucose:** POV 790.21; LOINC taxonomy; or site-populated taxonomy DM AUDIT FASTING GLUCOSE TAX. 7) **LDL:** Finds last test done during the Report period; defined as: CPT 83721; LOINC taxonomy; or site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX. 8) **Blood Pressure:** CRS uses mean of last 3 Blood Pressures documented on non-ER visits during the Report Period. If 3 BPs are not available, uses mean of last 2 non-ER BPs. If a visit contains more than 1 BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2). 9) **Hypertension:** Diagnosis of (POV or problem list) 401.* occurring prior to the Report period, and at least one hypertension POV during the Report period.

Performance Measure Topic Name and Owner/Contact	General Definition **(NOTE: *Red, bold italic type* indicates new or edited definitions, GPRA measures in yellow)**
Prediabetes/Metabolic Syndrome (Cont'd) Drs. Stephen J. RithNajarian and Kelly Moore	10) **Urine Protein/Microalbuminuria:** CRS searches for last microalbuminuria test done during the Report period, regardless of result. If none found, searches for last urine protein test with positive (Y) value in same time period. Positive value for urine protein is defined as: 1) First character of result is "P", "p", "M", "m", "L", "l", "S", or "s"; 2) Contains a + sign; 3) Contains a > symbol; 4) numeric value (if the result is a number) is > (greater than) 29. 1) Urine protein defined as: LOINC taxonomy; site-populated taxonomy DM AUDIT URINE PROTEIN TAX. 2) Microalbuminuria defined as: CPT codes 82043, 82044, ***83518, or 84166 AND 81050.*** ; LOINC taxonomy; site-populated taxonomy DM AUDIT MICROALBUMINURIA TAX or DM AUDIT A/C RATIO taxonomy. ***11) End Stage Renal Disease: ANY diagnosis ever of 585.6 or V45.1 or ANY CPT in the range of 90918-90925.*** 12) **Tobacco Screening:** At least one of the following during the Report Period: 1. Any health factor for category Tobacco documented during Current Report period; 2. Tobacco-related diagnoses (POV or current Active Problem List) 305.1, ***305.1* (old codes)*** or V15.82; 3. Dental code 1320; 4. Any patient education code containing "TO-", "-TO" or "-SHS." 13) **Lifestyle Counseling:** Any of the following during the Report Period: A) Medical nutrition counseling defined as: CPT 97802-97804, G0270, G0271; Provider codes 07, 29, 97, 99; Clinic codes 67 (dietary) or 36 (WIC), B) Nutrition education defined as: POV V65.3 dietary surveillance and counseling; patient education codes ending "-N" (Nutrition) or "-MNT" (or old code "-DT" (Diet)), C) Exercise education defined as: POV V65.41 exercise counseling; patient education codes ending "-EX" (Exercise), D) Related exercise and nutrition counseling defined as: patient education codes ending "-LA" (lifestyle adaptation) or containing "OBS-" (obesity). 14) **Depression Screening/Mood Disorder DX:** Any of the following during the Report Period: A) Depression Screening: Exam Code 36, POV V79.0, or BHS problem code 14.1 (screening for depression) or refusal, defined as any PCC refusal in past year with Exam Code 36; or B) Mood Disorder DX: At least two visits in PCC or BHS during the Report period with POV for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS. These POV codes are: 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 or BHS POV 14 or 15. **Patient List:** Patients 18 and older with Prediabetes/Metabolic Syndrome with assessments received, if any.
Medications Education Patient Education Program/ Mary Wachacha	***Changes from Version 6.0, as noted below.*** **Denominator:** Active Clinical patients with medications dispensed at their facility during the Report Period. **Numerator:** Patients who were provided patient education about their medications in ANY location. **Definitions:** 1) **Dispensed Medications:** Any entry in the VMed file for your facility. 2) **Medication Education:** **Any** Patient Education code containing ***"M-" (now including "M-PRX"),*** "-M" or Patient Education codes DMC-IN, ***FP-DPO, FP-OC, ASM-NEB, ASM-MDI, PL-NEB, PL-MDI, or FP-TD.*** **Patient List:** Patients in the denominator, with date and Patient Education codes, if any.

Performance Measure Topic Name and Owner/Contact	General Definition **(NOTE: *Red, bold italic type* indicates new or edited definitions, GPRA measures in yellow)**
Public Health Nursing* Cheryl Peterson, RN *NATIONAL (included in NTL report; not reported to Congress)*	**No changes from Version 6.0** **Denominators:** 1) User Population patients. 2) Number of visits by PHNs in any setting, including Home, broken down into age groups: 0-28 days (neonate), 29 days-12 months (infants), 1-64 years, 65 and older (elders). A) Number of PHN driver/interpreter (provider code 91) visits. 3) Number of visits by PHNs in Home setting, broken down into age groups: 0-28 days (neonate), 29 days-12 months (infants), 1-64 years, 65 and older (elders). A) Number of PHN driver/interpreter (provider code 91) visits. **Numerators:** 1) For User Population denominator only, the number of patients in the denominator served by PHNs in any setting. 2) For User Population only, the number of patients in the denominator served by a PHN driver/interpreter in any setting. 3) For User Population denominator only, the number of patients in the denominator served by PHNs in a Home setting. 4) For User Population only, the number of patients in the denominator served by a PHN driver/interpreter in a HOME setting. **Definitions:** 1) **PHN Visit-Any Setting:** Any visit with primary or secondary provider codes 13 or 91. 2) **PHN Visit-Home:** Any visit with A) clinic code 11 and a primary or secondary provider code of 13 or 91 or B) Location Home (as defined in Site Parameters) and a primary or secondary provider code 13 or 91. **Patient List:** Any patient who received any PHN visit.

4.0 Getting Started: System Setup

This section will describe the steps that need to be followed to set up and use all site parameters and taxonomies needed for the CRS 2006 program.

Sites need to perform the activities listed below before running any reports. **NOTE: Users must have security keys BGPZ SITE PARAMETERS and BGPZ TAXONOMY EDIT, respectively to perform step #2 below and to edit lab and medication taxonomies used by CRS (i.e. step #4).**

1. Create in QMan the "official" community taxonomy for national GPRA reporting. This step may not be performed in the CRS application.

> **NOTE:** The GPRA Area Coordinators decided in January 2004 at their national meeting that all Areas except Oklahoma City would use their defined CHS catchments as their default community taxonomies for the yearly GPRA report. Oklahoma City Area was the exception, since all of OK is in the CHSDA.

2. Set up various system parameters.

3. Run the taxonomy check for all reports.

4. Setup the lab and medication taxonomies used by the CRS software.

4.1 Community Taxonomy

The Community taxonomy is used to define the range of community names where your facility's patients reside to be included in your reports. Your facility most likely already has one or more Community taxonomies set up for use with other RPMS applications. For the National GPRA report (see section 5.2 Report Content for report definitions), a Community taxonomy should be used that includes all communities served by the facility.

For local reports, individuals may want to run reports for selected measures for a specific subset of the population, which may use a community taxonomy different from the normal GPRA community taxonomy used for running the National GPRA report.

> NOTE: The GPRA Area Coordinators decided in January 2004 at their national meeting that all Areas except Oklahoma City would use their defined CHS catchments as their default community taxonomies for the yearly GPRA report. Oklahoma City Area was the exception, since all of OK is in the CHSDA.

The community taxonomy may be set up using QMan. Below is a sample of creating a community taxonomy using QMan. If you do not have access to QMan, see your RPMS Site manager.

1. Choose the QMan menu option from the main menu.
2. Type Living Patients at the "What is the subject of your search?" prompt.
3. Type Community at the "Attribute of Living Patients:" prompt.
4. Type the name(s) of the community/communities of interest at the "Enter Community:" and "Enter Another Community:" prompts. When you are finished, press the Enter key at a blank "Enter Another Community:" prompt.
5. Type Y at the "Want to save this community group for future use?" prompt.
6. Type a name for the taxonomy at the "Group Name:" prompt.
7. Verify your group name and type Y or N at the "Are you adding [group name]' as a new Taxonomy (the ###TH)? No//" prompt.
8. Type a short description of the taxonomy (if desired) at the "Taxonomy Brief Description:" prompt.
9. Type Y or N at the "Edit?" prompt. Type Y if you wish to edit the extended description for the taxonomy.
10. You will be returned to the QMan main menu. To exit that menu, type 0 (zero) at the prompt.

```
What is the subject of your search?  LIVING PATIENTS //  LIVING PATIENTS

   Subject of search: PATIENTS
      ALIVE TODAY   [SER = .06]

Attribute of LIVING PATIENTS: COMMUNITY [ENT]

Enter COMMUNITY: TUCSON           PIMA     ARIZONA     077     0410077
Enter ANOTHER COMMUNITY: SELLS         PIMA     ARIZONA     067     0410067
Enter ANOTHER COMMUNITY: SAN XAVIER       PIMA    ARIZONA    065     0410065
Enter ANOTHER COMMUNITY:  [ENT]

The following have been selected =>

     SAN XAVIER
     SELLS
     TUCSON

Want to save this COMMUNITY group for future use? No// Y  (Yes)
Group name: CMI GPRA REPORT COMMUNITIES
  Are you adding 'CMI GPRA REPORT COMMUNITIES' as
    a new TAXONOMY (the 718TH)? No// Y  (Yes)

   TAXONOMY BRIEF DESCRIPTION: [ENT]
EXTENDED DESCRIPTION:
  No existing text
  Edit? NO// No [ENT]
Computing Search Efficiency Rating.....................................
.........

   Subject of search: PATIENTS
      ALIVE TODAY   [SER = .06]
      CURRENT COMMUNITY (SAN XAVIER/SELLS...)   [SER = 3.55]
```

Figure 4-1: Setting Up Community Taxonomy in QMan

4.2 Site Parameters

NOTE: Users must have security key BGPZ SITE PARAMETERS to access/edit the Site Parameters. See your Site Manager if you do not have access and need access.

The Site Parameters menu option allows you to set certain values that are used often by CRS so users don't have to enter them each time they run a report. The available parameter options are:

- **BGP Site Parameters Location (i.e., Facility location):** defines your facility location.
- **Default Community taxonomy:** defines the Community taxonomy name your site is most likely to use in identifying the population for reports

NOTE: If your RPMS server has multiple databases representing multiple facilities, you may not want to set a default Community taxonomy. This will ensure that your users will define a specific Community Taxonomy each time a report is run.

- **Definition of Home:** this is used by Public Health Nursing measure to identify PHN visits in a Home location, in addition to looking for clinic code 11. Generally, but not always, a site's home location is called HOME.

- **Contract Health Site Only:** should be used only for facilities that only offer Contract Health Services to its patients. Setting this parameter to "Yes" will redefine the Active Clinical denominator to Active Clinical CHS, which requires a patient to have 2 CHS visits in the past 3 years versus meeting the criteria of the Active Clinical denominator definition for having 2 visits to defined medical clinics in the past 3 years.

To edit the Site Parameters, follow the instructions below.

1. Type CI06 at the "Select IHS Clinical Reporting System (CRS) Main Menu Option:" prompt located in the main IHS/RPMS Clinical Reporting System menu.

```
              ************************************************
              **    IHS/RPMS CLINICAL REPORTING SYSTEM (CRS)    **
              ************************************************
                              Version 6.1

                             DEMO HOSPITAL


   CI06   CRS 2006 ...
   CI05   CRS 2005 ...
   GP04   GPRA+ FY04 ...
   GP03   GPRA+ FY03 ...
   GP02   GPRA+ FY02 ...

Select IHS Clinical Reporting System (CRS) Main Menu Option: CI06 CRS 2006
```

Figure 4-2: Accessing the System Setup menu (step 1)

2. The CRS 2006 main menu displays (Figure 4-3). The AO Area Options menu option only displays for Area Office sites. Type SET at the "Select CRS 2006 Option:" prompt to display menu options to perform setup activities.

```
                       ********************************
                       **      IHS/RPMS CRS 2006      **
                       **  Clinical Reporting System  **
                       ********************************
                                 Version 6.1

                                DEMO HOSPITAL


   RPT    Reports ...
   SET    System Setup ...
   AO     Area Options ...

Select CRS 2006 Option: SET  System Setup
```

Figure 4-3: Accessing the System Setup menu (step 2)

3. The Setup menu displays (Figure 4-4). **NOTE: <u>The SP Site Parameters menu option will only be displayed for users with security access for this functionality.</u>**

```
                          *************************
                          **   IHS/RPMS CRS 2006  **
                          **       Setup Menu     **
                          *************************
                                 Version 6.1

                                DEMO HOSPITAL


   SP     Site Parameters
   TC     Taxonomy Check ...
   TS     Taxonomy Setup ...

Select System Setup Option: SP  Site Parameters
```

Figure 4-4: Accessing the System Setup menu (step 4)

4. Type SP at the "Select System Setup Option:" prompt at the Setup menu.

5. At the "Select BGP Site Parameters Location" prompt, type the name of your site location.

6. At the "Please enter your site's Default Community Taxonomy" prompt, type the name of the Community taxonomy your site is most likely to use for performance reporting.

> **NOTE*:*** The Community taxonomy default can be overridden at the time an individual report is run. Setting a default taxonomy ensures that any user running a report is using the same population definition.

7. At the "Enter Your Site's Home location:" prompt, type the name of your Home location, or press the Enter key to accept the default response. If you type HOME at this prompt, a list of all Home locations will display. Follow the prompts to select the appropriate location. Remember, this is for reporting of PHN home visits only and should not be confused with your facility/site location.

8. At the "Contract Health Site Only?" prompt, type N if your facility offers direct care to its patients (i.e., it does NOT only provide CHS care). If your facility <u>ONLY</u> provides Contract Health Services to its patients, type Y.

9. The "Select BGP Site Parameters Location:" prompt displays again. Press the Enter key to return to the System Setup menu.

```
                          *************************
                          **   IHS/RPMS CRS 2006  **
                          **       Setup Menu     **
                          *************************
                                 Version 6.1

                                DEMO HOSPITAL


   SP     Site Parameters
   TC     Taxonomy Check ...
   TS     Taxonomy Setup ...

Select System Setup Option: SP  Site Parameters

Select BGP SITE PARAMETERS LOCATION: DEMO HOSPITAL       NAVAJO       TUBA CITY
01                     AZ            808701
         ...OK? Yes//   (Yes)

Please enter your site's DEFAULT COMMUNITY taxonomy: BETA TEST COMMUNITIES
         //
Please enter your site's HOME location: UNDESIG LOCS
         // home
     1   HOME       NAVAJO       TUBA CITY       89    AZ
     2   HOME       CALIFORNIA TRIBE/638       UIHS-TSURAI       89
     3   HOME       BILLINGS TRIBE/638       ROCKY BOY'S       95
     4   HOME       BILLINGS TRIBE/638       FLATHEAD       95
     5   HOME       CALIFORNIA URBAN       AMERICAN IND FREE CLINIC       89

Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 1  HOME     NAVAJO       TUBA CITY       89    AZ

Only answer the next question with a Yes if this site provides
no direct services but only provides contract health services
to their patients.
CONTRACT HEALTH SITE ONLY?: NO// N  NO

Select BGP SITE PARAMETERS LOCATION:
```

Figure 4-5: Setting up site parameters

4.3 Taxonomy Check and Setup

Taxonomies are used to find data items in PCC in order to determine if a patient or visit meets the criteria for which the software is looking.

To ensure comparable data within the agency as well as to external organizations, as much performance measure logic as possible is based on standard national codes. These codes include ICD-9, CPT, LOINC and national IHS standard codesets (e.g., Health Factors, patient education codes, etc.).

For terminology that is not standardized across each facility, such as lab tests or medications, CRS uses taxonomies that can be populated by each individual facility with its own codes.

4.3.1 What Is a Taxonomy?

Taxonomies are groupings of functionally related data elements, such as specific codes, code ranges, or terms, that are used by various RPMS applications to find data items in PCC to determine if a patient meets certain criteria. There are two different types of taxonomies distributed with the Clinical Reporting System: software-defined ("hard-coded") and site-populated.

For data elements like diagnoses, procedures or lab tests identified by LOINC codes, the taxonomy simply identifies the standard codes that a software program should look for. These codes are hard-coded by the programmer into several ***software-defined taxonomies*** that are distributed with the CRS software. These taxonomies can only be updated by the CRS programmer. See the CRS Technical Manual for a complete list of software-defined taxonomies.

Site-populated taxonomies are used to mitigate the variations in terminology for other types of data elements that vary from one facility to another, including medications and lab tests. This means, for example, that one site's Pap smear data can be compared to another site, even though the same term is not used for the Pap smear lab test. Or, one site's beta-blocker data can be compared to another site, even though the same names are not used for beta-blocker drugs.

For example, one site's Lab table might contain the term *Glucose Test* while another site's table may contain the term *Glucose* for the same test. PCC programs have no means for dealing with variations in spelling, spacing, and punctuation. Rather than attempting to find all potential spellings of a particular lab test, the application would look for a pre-defined taxonomy name that is installed at every facility. The *contents* of the taxonomy are determined by the facility. In this example, the application would use the "DM AUDIT GLUCOSE TESTS TAXONOMY." The individual facility will enter all varieties of spelling and punctuation for Glucose Tests used at that particular facility.

Codes and terms contained in a taxonomy are referred to as "members" of the taxonomy.

4.3.2 Site-Populated Clinical Taxonomies Used by CRS

The site's CRS Implementation team will need to review the taxonomies that need to be populated by the site and make sure that all appropriate entries exist or are entered. The table below can be used as a checklist. The CRS site-populated taxonomies includes both lab tests and drugs.

CRS also uses "hard coded" pre-defined taxonomies for CPT, ICD (diagnosis and procedure), LOINC, ADA, NDC, and VA Drug Class codes as identified in the performance measure logic. These taxonomies cannot be altered by the site. A list of all pre-defined taxonomies can be viewed by selecting the VT option from the Taxonomy Setup menu. The CRS Technical Guide also includes a list of all pre-defined taxonomies.

Detailed instructions on how to set up and check these taxonomies are included in sections 4.3.3 and 4.3.4.

Reports may be run for the lab tests and medications including the site-populated taxonomies. For information on running these reports, see sections 6.11 and 6.12.

4.3.2.1 Site-Populated Lab Taxonomies

There are eight new lab taxonomies for CRS Version 6.1, which are shown with two asterisks (**) before the taxonomy name in the table below.

NOTE: To provide accurate counts, you must include ALL test names that have been used by your facility at least since 1995, even if these codes are currently inactive. Some measures search for tests as far back as 10 years.

Many sites designate inactive lab tests by adding one of the following characters at the beginning of the test name: "z," "Z," "xx," "X," or "*." **Search for these characters in your lab file and include these tests in your site-populated taxonomies because these tests may have been the ones in use at the time.**

Taxonomy Name	Description	Examples of Members	Performance Measures Used In	Reports Used In
**BGP CBC TESTS	All Complete Blood Count (CBC) Lab Tests	CBC CBC/Auto Diff CBC W/Diff CBC+Diff CBC W/Diff+ Plt CBC & Morphology (With Diff) CBC & Morphology (No Diff) CBC (Prenatal Profile) Hemogram Hemo Panel	Rheumatoid Arthritis Medication Monitoring Osteoarthritis Medication Monitoring	Selected Measures Elder Care
BGP CD4 TAX	All CD4 Lab Tests, used to evaluate immune system status (Also known as: T4 count, T-helper cells)	CD4	HIV Quality of Care	Selected Measures
BGP CMS ABG TESTS	All Arterial Blood Gas (ABG) or Pulse Oximetry Lab Tests	Arterial Blood Gas Pulse Oximetry	Pneumonia	CMS
**BGP CMS BLOOD CULTURE	All Blood Culture Lab Tests	Blood Culture Culture, Blood	Pneumonia	CMS

Taxonomy Name	Description	Examples of Members	Performance Measures Used In	Reports Used In
BGP CHLAMYDIA TESTS TAX	All lab tests for Chlamydia trachomatis	Chlamydia Culture Chlamydia IgG Chlamydia IgM Chlamydia Screen Chlamydia, DNA Probe Chl/Gc Combo	Chlamydia Screening	Selected Measures HEDIS
BGP GPRA ESTIMATED GFR	All Estimated GFR Lab Tests	Estimated GFR Est GFR	Diabetes: Nephropathy Assessment Diabetes Comprehensive Care Chronic Kidney Disease Assessment	National GPRA/ GPRA Performance Selected Measures HEDIS Elder Care
BGP GPRA FOB TESTS	All Fecal Occult Blood Lab Tests	Occult Blood Fecal Occult Blood	Colorectal Cancer Screening	National GPRA/ GPRA Performance Selected Measures HEDIS Elder Care
**BGP GROUP A STREP	All Group A Strep Lab Tests	Throat Culture Rapid Strep Strep A Ag	Appropriate Testing for Children with Pharyngitis	Selected Measures HEDIS
BGP HIV VIRAL LOAD TAX	All HIV viral load tests (as measured by PCR or comparable test)	HIV Viral Load	HIV Quality of Care	Selected Measures
BGP HIV TEST TAX	All HIV tests	HIV Tests	Prenatal HIV Testing	National GPRA/ GPRA Performance Selected Measures
**BGP LIVER FUNCTION TESTS	All Liver Function Lab Tests	Hepatic Function LFT	Rheumatoid Arthritis Medication Monitoring Osteoarthritis Medication Monitoring	Selected Measures Elder Care
BGP PAP SMEAR TAX	All Pap Smear Lab Tests	Pap Smear Thin Prep Pap	Cancer Screening: Pap Smear Cervical Cancer Screening (Pap Smear) (HEDIS)	National GPRA/ GPRA Performance Selected Measures HEDIS
**BGP POTASSIUM TESTS	All Potassium Lab Tests	Potassium K Also include panels including Potassium, such as: Electrolytes (Lytes) Basic Metabolic Panel (BMP) Comprehensive Metabolic Panel (CMP) Renal Function Panel	Rheumatoid Arthritis Medication Monitoring	Selected Measures
**BGP URINE GLUCOSE	All Urine Glucose Lab Tests	Urine Glucose Glucose Urine UR Glucose	Osteoarthritis Medication Monitoring	Selected Measures Elder Care

Taxonomy Name	Description	Examples of Members	Performance Measures Used In	Reports Used In
DM AUDIT A/C RATIO	All Albumin and Creatinine Lab Tests	A/C Ratio AC Ratio ACR	Diabetes: Nephropathy Assessment Diabetes Comprehensive Care Comprehensive Diabetes Care (HEDIS) Prediabetes/Metabolic Syndrome	National GPRA/ GPRA Performance Selected Measures HEDIS Elder Care
**DM AUDIT ALT TAX	All Alanine Transaminase (ALT) Lab Tests	ALT SGPT ALT (SGPT)	Rheumatoid Arthritis Medication Monitoring Osteoarthritis Medication Monitoring	Selected Measures Elder Care
**DM AUDIT AST TAX	All Aspartate Aminotrans-ferase (AST) Lab Tests	AST AST (SGOT)	Rheumatoid Arthritis Medication Monitoring Osteoarthritis Medication Monitoring	Selected Measures Elder Care
DM AUDIT CHOLESTEROL TAX	All Total Cholesterol Lab Tests	Cholesterol Total Cholesterol	CVD and Cholesterol Screening	National GPRA/ GPRA Performance Elder Care
DM AUDIT CREATININE TAX	All Creatinine Lab Tests – **NOTE:** do NOT include names of panels that creatinine test may be part of (e.g., basic metabolic panel) since it looks at creatinine results	Creatinine	All Diabetes Measures for Active Adult Diabetic denominator Chronic Kidney Disease Assessment	National GPRA/ GPRA Performance Selected Measures
DM AUDIT FASTING GLUCOSE TAX	All Fasting Glucose Lab Tests	Glucose (Fasting) F Glucose Glucose, Fasting Fasting Glucose FBS Fasting Blood Sugar Fasting GTT GTT, Fasting	Prediabetes/Metabolic Syndrome	Selected Measures
DM AUDIT HDL TAX	All HDL Cholesterol Lab Tests – **NOTE:** do NOT include Lipid Panels in this taxonomy since it looks at HDL results	HDL	Diabetes: Lipids Assessment Prediabetes/Metabolic Syndrome	National GPRA/ GPRA Performance Selected Measures Elder Care
DM AUDIT HGB A1C TAX	All HGB A1C Lab Tests	HgbA1C A1C HbA1c Hemoglobin A1C Glycosylated Hemoglobin Glycohemoglobin A1c	Diabetes: Glycemic Control Diabetes Comprehensive care Comprehensive Diabetes Care (HEDIS)	National GPRA/ GPRA Performance Selected Measures HEDIS Elder Care

Taxonomy Name	Description	Examples of Members	Performance Measures Used In	Reports Used In
DM AUDIT LDL CHOLESTEROL TAX	All LDL Cholesterol Lab Tests – **NOTE:** do NOT include Lipid Panels since it looks at LDL results	LDL LDL-C	Diabetes: Lipids Assessment Diabetes Comprehensive Care CVD and Cholesterol Screening Comprehensive CVD-Related Assessment Cholesterol Management for Patients with Cardiovascular Conditions (HEDIS) Comprehensive Diabetes Care (HEDIS) Prediabetes/Metabolic Syndrome	National GPRA/ GPRA Performance Selected Measures HEDIS Elder Care
DM AUDIT LIPID PROFILE TAX	All Lipid Profile (Panel) Lab Tests	Lipid Profile Lipid Panel	Diabetes: Lipids Assessment CVD and Cholesterol Screening	National GPRA/ GPRA Performance Selected Measures Elder Care
DM AUDIT MICRO-ALBUMINURIA TAX	All Microalbuminuria Lab Tests	Microalbumunia Micral Microalbumunia, Urine A/C Ratio AC Ratio ACR Microalbumin/Creatinine Ratio Microalbumin Random	Diabetes: Nephropathy Assessment Diabetes Comprehensive Care Comprehensive Diabetes Care (HEDIS) Prediabetes/Metabolic Syndrome	National GPRA/ GPRA Performance Selected Measures HEDIS Elder Care
DM AUDIT TRIGLYCERIDE TAX	All Triglyceride (TG) Lab Tests – **NOTE:** do not include Lipid Panels since it looks at TG results	Triglyceride	Diabetes: Lipids Assessment Prediabetes/Metabolic Syndrome	National GPRA/ GPRA Performance Selected Measures Elder Care
DM AUDIT URINE PROTEIN TAX	All Urine Protein Lab Tests	Urine Protein Urine Protein Screen	Diabetes: Nephropathy Assessment Diabetes Comprehensive Care Comprehensive Diabetes Care (HEDIS) Prediabetes/Metabolic Syndrome	National GPRA/ GPRA Performance Selected Measures HEDIS Elder Care

4.3.2.2 Site-Populated Drug Taxonomies

All of the taxonomies below that begin with "BGP" will be pre-populated by the CRS software, as indicated in the "Drugs" column below. However, you should compare the indicated list of drugs with the drugs CRS actually found in your site's drug file and pre-populated since there may be drugs that CRS could not locate and which should be included in your site-populated taxonomy. In which case, you can add them by editing your site-populated drug taxonomy.

There are 19 new medication taxonomies for CRS Version 6.1, which are shown with two asterisks (**) before the taxonomy name in the table below. In addition, three existing taxonomies have been deleted (i.e. BGP ANTIDEPRESSANT MEDS, BGP ASTHMA CONTROLLERS, BGP ASTHMA LEUKOTRIENE) and have been replaced by new taxonomies.

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP ASTHMA INHALED STEROIDS	All asthma inhaled steroid medications used in CRS	**Pre-populated by NDC** Beclovent, Qvar, Vancenase, Vanceril, Vanceril DS, Bitolerol (Tornalate), Pulmicort, Pulmicort Respules, Pulmicort Turbohaler, Salmeterol/fluticasone (Advair), Triamcinolone (Azmacort), Fluticasone (Flovent)	Asthma and Inhaled Steroid Use	Selected Measures
BGP CMS ACEI MEDS	All angiotensin converting enzyme (ACE) inhibitor medications used in CRS CMS measures	**Pre-populated by VA Drug Class code CV800.** See list of drugs listed after this table below.	Heart Attack (AMI) Treatment Heart Failure	CMS
BGP CMS ANTIBIOTIC MEDS	All antibiotic medications used in CRS CMS measures	**Pre-populated by VA Drug Class codes:** **- AM050 - AM054** **- AM100 - AM104** **- AM111 – AM112** **- AM130,** **- AM150** **- AM200** **- AM250** **- AM300** **- AM350** **- AM500** **- AM650** **- AM900** See list of drugs listed after this table below.	Pneumonia	CMS
BGP CMS ARB MEDS	All angiotensin receptor blocker medications used in CRS CMS measures	**Pre-populated by VA Drug Class code CV805.** See list of drugs listed after this table below.	Heart Attack (AMI) Treatment Heart Failure	CMS
BGP CMS BETA BLOCKER MEDS	All beta-blocker medications used in CRS CMS measures	**Pre-populated by VA Drug Class CV100 and NDC.** See list of drugs listed after this table below.	Heart Attack (AMI) Treatment Heart Failure	CMS

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
**BGP CMS THROMBOLYTIC MEDS	All thrombolytic agent medications used in CRS CMS measures	**Pre-populated by VA Drug Class BL600.** Abbokinase, Activase, Alteplase, Anistreplase, Anisoylated Plasminogen-Streptokinase Activator Complex, APSAC, Eminase, Kabikinase, Retavase, Reteplase, rPA (RPA), Streptase, Streptokinase, Tenecteplase, Tissue plasminogen activator, TNKase, tPA (TPA), UK, Urokinase	Heart Attack (AMI) Treatment	CMS
BGP CMS WARFARIN MEDS	All Warfarin (blood thinner) medications used in CRS CMS measures	**Pre-populated with all drug names containing "Warfarin"** Anisindione, Barr Warfarin Sodium, Coumadin, Dicumarol, Jantoven, Liquamar, Marevam, Miradon, Panwarfin, Warfarin	Heart Attack (AMI) Treatment	CMS
**BGP HEDIS ANTIBIOTIC MEDS	All antibiotic medications used in CRS HEDIS measures for children	**Pre-populated by NDC** Amoxicillin, Amox/Clavulanate, Ampicillin, Azithromycin, Cefaclor, Cefadroxil hydrate, Cefdinir, Cefixime, Cefditoren, Ceftibuten, Cefpodoxime proxetil, Cefprozil, Ceftriaxone, Cefuroxime, Cephalexin, Ciprofloxacin, Clindamycin, Dicloxacillin, Dirithromycin, Doxycycline, Erythromycin, Ery E-Succ/Sulfisoxazole, Flomefloxacin, Gatifloxacin, Levofloxacin, Loracarbef, Minocycline, Ofloxacin, Penicillin VK, Penicillin G, Sparfloxacin, Sulfisoxazole, Tetracycline, Trimethoprim, Trimethoprim-Sulfamethoxazol	Appropriate Treatment for Children with Upper Respiratory Infection (CRS and HEDIS) Appropriate Testing for Children with Pharyngitis	Selected Measures HEDIS
BGP HEDIS ANTI-DEPRESSANT MEDS	Contains all antidepressant medications used in CRS	**Pre-populated by NDC** Tricyclic antidepressants (TCA) and other cyclic antidepressants, Selective serotonin reuptake inhibitors (SSRI), Monoamine oxidase inhibitors (MAOI), Serotonin-norepinepherine reuptake inhibitors (SNRI), and other antidepressants.)	Antidepressant Medication Management	Selected Measures HEDIS

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
**BGP HEDIS ASTHMA INHALED MEDS	All inhaled asthma medications for the **denominator** in the CRS HEDIS-based asthma measures	**Pre-populated by NDC** Medication categories are: Nedocromil and Long acting, inhaled beta 2 agonists (Adrenergic Agents, Catecholamines, Adrenergic Bronchodilators, Antiasthmatics – Anticholinergics, Anticholinergic Bronchodilators, Beta-Adrenergic Agents (Inhaled), Beta-Adrenergic Agents, (Inhaled), Bronchodilator Combinations, General Bronchodilator Agents, Glucocorticoids, Inhaled Corticosteroids, Mast Cell Stabilizers, Monoclonal Antibodies To Ige, Short-Acting Adrenergic Bronchodilators (Inhaled))	Asthma Quality of Care Use of Appropriate Medications for People with Asthma	Selected Measures HEDIS
**BGP HEDIS ASTHMA LEUK MEDS	All asthma leukotriene modifier medications for the **denominator** in the CRS HEDIS-based asthma measures	**Pre-populated by NDC** Accolate (generic Zafirlukast), Singulair (generic Montelukast), Zyflo (generic Zileuton),	Asthma Quality of Care Use of Appropriate Medications for People with Asthma	Selected Measures HEDIS
**BGP HEDIS ASTHMA MEDS	All asthma medications that are not inhalers, leukotriene modifiers or nedocromil for the **denominator** in the CRS HEDIS-based asthma measures	**Pre-populated by NDC** **Medication categories are:** Methylxanthines, Antiasthmatic Combinations, Beta-Adrenergic Agents, General Bronchodilator Agents, Long-Acting Adrenergic Bronchodilators, Short-Acting Adrenergic Bronchodilators, Xanthines	Asthma Quality of Care Use of Appropriate Medications for People with Asthma	Selected Measures HEDIS
**BGP HEDIS BETA-BLOCKER MEDS	All beta-blocker medications for the CRS HEDIS-based Beta-Blocker measures	**Pre-populated by NDC** Acebutolol HCL, Atenolol, Betaxolol HCL, Bisoprolol fumarate, Carteolol HCL, Carvedilol, Labetalol HCL, Metoprolol succinate, Metoprolol tartrate, Nadolol, Penbutolol sulfate, Pindolol, Propranolol HCL, Sotalol HCL, Timolol maleate	Beta-Blocker Treatment After a Heart Attack Persistence of Beta-Blocker Treatment After a Heart Attack	Selected Measures HEDIS

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
**BGP HEDIS OSTEOPOROSIS DRUGS	All osteoporosis medications used in CRS	**Pre-populated by NDC** New drugs added to taxonomy are underlined below. Alendronate, Alendronate-Cholecalciferol (Fosomax Plus D), Ibandronate (Boniva), Risedronate, Calcitonin, Raloxifene, Estrogen, Injectable Estrogens, Teriparatide, Fluoride, Vitamin D, and Calcium Products	Osteoporosis Management	Selected Measures HEDIS
**BGP HEDIS PRIMARY ASTHMA MEDS	All primary therapy asthma medications for the **numerator** for the CRS HEDIS-based asthma measures	**Pre-populated by NDC** **Medication categories are:** Cromolyn Sodium, Inhaled Corticosteroids, Leukotriene Modifiers, Methylxanthines, and Nedocromil	Asthma Quality of Care Use of Appropriate Medications for People with Asthma	Selected Measures HEDIS
**BGP OA GLUCO-CORTICOIDS MEDS	All glucocorticoids medications used in CRS	**Pre-populated by VA Drug Class HS051** Dexamethasone, Methylprednisolone, Prednisone, Hydrocortisone, Betamethasone, Prednisonolone, Triamcinolone	Osteoarthritis Medication Monitoring	Selected Measures Elder Care
** BGP RA AZATHIOPRINE MEDS	All azathioprine medications used in CRS.	**Pre-populated by NDC** Azathioprine	Rheumatoid Arthritis Medication Monitoring	Selected Measures
**BGP RA CYCLOSPORINE MEDS	All cyclosporine medications used in CRS	**Pre-populated by NDC** Cyclosporine	Rheumatoid Arthritis Medication Monitoring	Selected Measures
**BGP RA IM GOLD MEDS	All intramuscular gold medications used in CRS	**Pre-populated by NDC** Gold Sodium Thiomalate, IM (Intramuscular)	Rheumatoid Arthritis Medication Monitoring	Selected Measures
** BGP RA LEFLUNOMIDE MEDS	All leflunomide medications used in CRS	**Pre-populated by NDC** Leflunomide	Rheumatoid Arthritis Medication Monitoring	Selected Measures
**BGP RA METHO-TREXATE MEDS	All methotrexate medications used in CRS	**Pre-populated by NDC** Methotrexate	Rheumatoid Arthritis Medication Monitoring	Selected Measures
**BGP RA MYCOPHENO-LATE MEDS	All mycophenolate medications used in CRS	**Pre-populated by NDC** Mycophenolate	Rheumatoid Arthritis Medication Monitoring	Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
** BGP RA OA NSAID MEDS	All Non-steroidal anti-inflammatory drugs (NSAID) osteoarthritis medications used in CRS	**Pre-populated by NDC** Diclofenac, Etodolac, Indomethacin, Ketorolac, Sulindac, Tolmetin, Meclofenamate, Mefanamic Acid, Nabumetone, Meloxicam, Piroxicam, Fenoprofen, Flurbiprofen, Ibuprofen, Ketoprofen, Naproxen, Oxaprozin, Aspirin, Choline Magnesium Trisalicylate, Diflunisil, Magnesium Salicylate, Celocoxib	Rheumatoid Arthritis Medication Monitoring Osteoarthritis Medication Monitoring	Selected Measures Elder Care
**BGP RA ORAL GOLD	All oral gold medications used in CRS	Oral Gold	Rheumatoid Arthritis Medication Monitoring	Selected Measures
**BGP RA PENICILLAMINE MEDS	All penicillamine medications used in CRS	**Pre-populated by NDC** Penicillamine	Rheumatoid Arthritis Medication Monitoring	Selected Measures
**BGP RA SULFASALA-ZINE MEDS	All sulfasalazine medications used in CRS	**Pre-populated by NDC** Sulfasalazine	Rheumatoid Arthritis Medication Monitoring	Selected Measures
DM AUDIT ANTI-PLATELET DRUGS	All anti-platelet medications used in CRS CMS measures	**Pre-populated by VA Drug Class BL700** Aspirin & Dipyridamole (Aggrenox), Cilostazol (Pletal), Clopidogrel (Plavix), Dipyridamole (Persantine), Heparin, Ticlopidine (Ticlid), Warfarin (Coumadin)	Heart Attack (AMI) Treatment	CMS
DM AUDIT ASPIRIN DRUGS	All aspirin medications	Any Aspirin / ASA product used for antiplatelet therapy, Aspirin & Dipyridamone (Aggrenox)	Heart Attack (AMI) Treatment (CMS)	CMS

BGP CMS ACEI MEDS			
Accupril	Captopril/ hydrochlorothiazide	Mavik	Quinapril/hydrochlorothiazide
Accuretic	Enalapril	Moexipril	***Quinaretic (added in v.6.1)***
Aceon	Enalapril Maleate/diltiazem	Moexipril Hydrochloride	Ramipril
Altace	Enalapril Maleate/ hydrochlorothiazide	Moexipril Hydrochloride/ hydrochlorothiazide	Tarka
Benazepril	Enalapril/diltiazem	Moexipril/ hydrochlorothiazide	Teczem
Benazepril Hydrochloride	Enalapril/felodipine	Monopril	Trandolapril
Benazepril/amlodipine	Enalapril/ hydrochlorothiazide	Monopril HCT	Trandolapril/verapamil
Benazepril/ hydrochlorothiazide	Enalaprilat	Monopril HCT 10/12.5	Trandolapril/verapamil hydrochloride
Capoten	Fosinopril	Perindopril	Uniretic
Capozide	Fosinopril Sodium/ hydrochlorothiazide	Perindopril erbumine	Univasc
Capozide 25/15	Lexxel	Prinivil	Vaseretic
Capozide 25/25	Lisinopril	Prinzide	Vasotec
Capozide 50/15	Lisinopril/hydrochlorothiazide	Quinapril	Zestoretic
Capozide 50/25	Lotensin	Quinapril HC1	Zestril
Captopril	Lotensin HCT	Quinapril HC1/HCT	
Captopril HCT	Lotrel	Quinapril Hydrochloride/hydrochlorothiazide	

BGP CMS ARB MEDS			
Atacand	Cozaar	Losartan	Telmisartan/hydro-chlorothiazide
Atacand HCT	Diovan	Losartan/hydrochlorothiazide	Teveten
Avalide	Diovan HCT	Micardis	Teveten HCT
Avapro	Eprosartan	Micardis HCT	Valsartan
Benicar	Eprosartan/hydrochlorothiazide	Olmesartan	Valsartan/hydrochlorothiazide
Benicar HCT	Hyzaar	Olmesartan/hydrochlorothiazide	Verdia
Candesartan	Irbesartan	Tasosartan	
Candesartan/ hydrochlorothiazide	Irbesartan/hydrochlorothiazide	Telmisartan	

BGP CMS ANTIBIOTIC MEDS	
NOTE: For CRS v.6.1, the following drugs were deleted by CMS: Abacavir, Abacavir Sulfate, Acyclovir, Acyclovir Sodium, Agenerase, Amantadine, Amantadine Hydrochloride, Ambisome, Amoxillin, Amphocin, Amphotec, Amphotericin-B, Amprenavir, Aralen HCL, Aralen Phosphate, Avlosulfon, Chloroquine, Combivir, Cytovene, Dapsone, Diflucan, Famciclovir, Famvir, Fluconazole, Ganciclovir, Ganciclovir Sodium, HIVID, Hydroxychloroquine, Ketoconazole, Lariam, Mefloquine, Mefloquine Hydrochloride, Mycostatin, Nilstat, Nizoral, Nystatin, Oseltamivir Phosphate, Plaquenil, Plaquenil Sulfate, Relenza, Retrovir, Stavudine, Symmetrel, Tamiflu, Tamivir, VFEND, Voriconazole, ZDV+3TC, Zalcitabine, Zanamivir, Zerit, Ziagen, Zidovudine, and Zovirax.	
DRUG	**GENERIC NAME CROSSWALK**
Achromycin	Tetracycline
Achromycin V	Tetracycline
Adoxa	Doxycycline
Alatrofloxacin	Alatrofloxacin
Alatrofloxacin Mesylate	Alatrofloxacin
Amficot	Ampicillin
Amikacin	Amikacin
Amikacin Sulfate	Amikacin
Amikin	Amikacin
Amoxicillin	Amoxicillin
Amoxicillin/Clavulanate Potassium	Amoxicillin/Clavulanate Potassium
Amoxicillin Trihydrate	Amoxicillin
Amoxil	Amoxicillin
Ampicillin	Ampicillin
Ampicillin (Anhydrous)	Ampicillin
Ampicillin-Probenecid	Ampicillin
Ampicillin Sodium	Ampicillin
Ampicillin-Sulbactam	Ampicillin-Sulbactam
Ampicillin Trihydrate	Ampicillin
Ampicin	Ampicillin
Ancef	Cefazolin
Anspor	Cephradine
Antibiotic Not Otherwise Specified (NOS)	None
Apo-Ampi	Ampicillin
Apo-Sulfatrim	Sulfamethoxazole Trimethoprim
Atovaquone	Atovaquone
Augmentin	Amoxicillin/Clavulanate Potassium
Augmentin XR	Amoxicillin/Clavulanate Potassium
Avelox	Moxifloxacin
Azactam	Aztreonam
Azithromycin	Azithromycin
Aztreonam	Aztreonam
Bacampicillin	Bacampicillin
Bacampicillin Hydrochloride	Bacampicillin
Bacitracin	Bacitracin
Baci-IM	Bacitracin
Bactocill	Oxacillin
Bactrim	Sulfamethoxazole Trimethoprim

BGP CMS ANTIBIOTIC MEDS (cont'd)	
DRUG	**GENERIC NAME CROSSWALK**
Bactrim DS	Sulfamethoxazole Trimethoprim
Beepen-VK	Penicillin V Potassium
Benzylpenicillin	Benzylpenicillin
Biaxin	Clarithromycin
Biaxin XL	Clarithromycin
Bicillin-C-R	Penicillin G Benzathine/Penicillin G Procaine
Bicillin L-A	Penicillin G Benzathine
Biocef	Cephalexin
Biomox	Amoxicillin
C-Lexin	Cephalexin
Carbenicillin	Carbenicillin
Carbenicillin Indanyl Sodium	Carbenicillin
Ceclor	Cefaclor
Ceclor CD	Cefaclor
Ceclor Pulvules	Cefaclor
Cedax	Ceftibuten
Cefaclor	Cefaclor
Cefaclor ER	Cefaclor
Cefadroxil	Cefadroxil
Cefadroxil Monohydrate	Cefadroxil
Cefadyl	Cephapirin
Cefamandole	Cefamandole
Cefamandole Nafate	Cefamandole
Cefanex	Cephalexin
Cefazolin	Cefazolin
Cefazolin Sodium	Cefazolin
Cefdinir	Cefdinir
Cefditoren	Cefditoren
Cefditoren Pivoxil	Cefditoren
Cefepime	Cefepime
Cefepime Hydrochloride	Cefepime
Cefixime	Cefixime
Cefizox	Ceftizoxime
Cefmetazole	Cefmetazole
Cefmetazole Sodium	Cefmetazole
Cefobid	Cefoperazone
Cefonicid	Cefonicid
Cefonicid Sodium	Cefonicid
Cefoperazone	Cefoperazone
Cefoperazone Sodium	Cefoperazone
Cefotan	Cefotetan
Cefotaxime	Cefotaxime
Cefotaxime Sodium	Cefotaxime
Cefotetan	Cefotetan
Cefotetan Disodium	Cefotetan
Cefoxitin	Cefoxitin

BGP CMS ANTIBIOTIC MEDS (cont'd)	
DRUG	**GENERIC NAME CROSSWALK**
Cefoxitin Sodium	Cefoxitin
Cefpodoxime	Cefpodoxime
Cefpodoxime Proxetil	Cefpodoxime
Cefprozil	Cefprozil
Ceftazidime	Ceftazidime
Ceftazidime Sodium	Ceftazidime
Ceftibuten	Ceftibuten
Ceftin	Cefuroxime
Ceftizoxime	Ceftizoxime
Ceftizoxime Sodium	Ceftizoxime
Ceftriaxone	Ceftriaxone
Ceftriaxone Sodium	Ceftriaxone
Cefuroxime	Cefuroxime
Cefuroxime Axetil	Cefuroxime
Cefuroxime Sodium	Cefuroxime
Cefzil	Cefprozil
Cephalexin	Cephalexin
Cephalexin Hydrochloride	Cephalexin
Cephalexin Monohydrate	Cephalexin
Cephalothin	Cephalothin
Cephalothin Sodium	Cephalothin
Cephapirin	Cephapirin
Cephapirin Sodium	Cephapirin
Cephradine	Cephradine
Cephradine Sodium	Cephradine
Ceptaz	Ceftazidime
Ciloxan	Ciprofloxacin
Cinobac	Cinoxacin
Cinoxacin	Cinoxacin
Cipro	Ciprofloxacin
Ciprofloxacin	Ciprofloxacin
Ciprofloxacin Hydrochloride	Ciprofloxacin
Claforan	Cefotaxime
Clarithromycin	Clarithromycin
Cleocin	Clindamycin
Cleocin HCL	Clindamycin
Cleocin Phosphate	Clindamycin
Clindamycin	Clindamycin
Clindamycin Hydrochloride	Clindamycin
Clindamycin Phosphate	Clindamycin
Cloxacillin	Cloxacillin
Cloxacillin Sodium	Cloxacillin
Cloxapen	Cloxacillin
Co-Trimoxazone	Sulfamethoxazole Trimethoprim
Cotrim	Sulfamethoxazole Trimethoprim
Cotrim DS	Sulfamethoxazole Trimethoprim

BGP CMS ANTIBIOTIC MEDS (cont'd)	
DRUG	**GENERIC NAME CROSSWALK**
Crystapen	Penicillin G Sodium
Cubicin	Daptomycin
Daptomycin	Daptomycin
Declomycin	Demeclocycline
Demeclocycline	Demeclocycline
Dicloxacillin	Dicloxacillin
Dicloxacillin Sodium	Dicloxacillin
Dirithromycin	Dirithromycin
Doryx	Doxycycline
DoxyCaps	Doxycycline
Doxycycline	Doxycycline
Doxycycline Calcium	Doxycycline
Doxycycline Hyclate	Doxycycline
Doxycycline Hydrochloride	Doxycycline
Doxycycline Monohydrate	Doxycycline
Duricef	Cefadroxil
Dycill	Penicillin
Dynabac	Dirithromycin
Dynacin	Minocycline
Dynapen	Dicloxacillin
E-Mycin	Erythromycin
Ed A-Ceph	Cephalexin
EES	Erythromycin
E.E.S.	Erythromycin
Efavirenz	Efavirenz
Ertapenem	Ertapenem
Ertapenem Sodium	Ertapenem
ERYC	Erythromycin
EryPed	Erythromycin
Erytab	Erythromycin
Erythrocin	Erythromycin
Erythromycin	Erythromycin
Erythromycin Base	Erythromycin
Erythromycin Estolate	Erythromycin
Erythromycin Ethylsuccinate	Erythromycin
Erythromycin Lactobionate	Erythromycin
Erythromycin Stearate	Erythromycin
Erythromycin/Sulfisoxazole	Erythromycin
Factive	Gemifloxacin
Flagyl	Metronidazole
Floxin	Ofloxacin
Fortaz	Ceftazidime
Furadantin	Nitrofurantoin
Furalan	Nitrofurantoin
Furatoin	Nitrofurantoin
G-Mycin	Gentamicin

BGP CMS ANTIBIOTIC MEDS (cont'd)	
DRUG	**GENERIC NAME CROSSWALK**
Gantanol	Sulfamethoxazole
Gantrisin	Sulfisoxazole
Garamycin	Gentamicin
Gatifloxacin	Gatifloxacin
Gemifloxacin	Gemifloxacin
Gentamicin	Gentamicin
Gentamicin Sulfate	Gentamicin
Gentamicin Sulfate Sodium Chloride	Gentamicin
Genticin	Gentamicin
Geocillin	Carbenicillin Indanyl Sodium
Grepafloxacin	Grepafloxacin
Ilosone	Erythromycin
Ilotycin	Erythromycin
Imipenem	Imipenem-Cilastatin
Imipenem-Cilastatin	Imipenem-Cilastatin
Invanz	Ertapenem
Kanamycin	Kanamycin
Kantrex	Kanamycin
Keflet	Cephalexin
Keflex	Cephalexin Monohydrate
Keflin	Cephalexin
Keftab	Cephalexin Hydrochloride
Kefurox	Cefuroxime
Kefzol	Cefazolin
Ketek	Telithromycin
Ledercillin VK	Penicillin
Levaquin	Levofloxacin
Levofloxacin	Levofloxacin
Lincocin	Lincomycin
Lincomycin	Lincomycin
Lincorex	Lincomycin
Linezolid	Linezolid
Lomefloxacin	Lomefloxacin
Lomefloxacin Hydrochloride	Lomefloxacin
Lorabid	Loracarbef
Lorabid Pulvules	Loracarbef
Loracarbef	Loracarbef
Lyphocin	Vancomycin
Macrobid	Nitrofurantoin
Macrodantin	Nitrofurantoin
Mandol	Cefamandole
Marcillin	Ampicillin
Maxaquin	Lomefloxacin
Maxipime	Cefepime
Mefoxin	Cefoxitin
Meropenem	Meropenem

BGP CMS ANTIBIOTIC MEDS (cont'd)	
DRUG	**GENERIC NAME CROSSWALK**
Mepron	Atovaquone
Merrem	Meropenem
Methicillin	Methicillin
Methicillin Sodium	Methicillin
Metizol	Metronidazole
Metronidazole	Metronidazole
Mezlin	Mezlocillin
Mezlocillin	Mezlocillin
Mezlocillin Sodium	Mezlocillin
Minocin	Minocycline
Minocycline	Minocycline
Minocycline HCL	Minocycline
Monocid	Cefonocid
Monodox	Doxycycline
Moxifloxacin	Moxifloxacin
Moxifloxacin Hydrochloride	Moxifloxacin
Mycifradin	Neomycin
Nafcil	Nafcillin
Nafcillin	Nafcillin
Nafcillin Sodium	Nafcillin
Nalidixic Acid	Nalidixic Acid
Nallpen	Nafcillin
Nebcin	Tobramycin
Neggram	Nalidixic Acid
Neo-fradin	Neomycin
Neomycin	Neomycin
Neomycin Sulfate	Neomycin
Neo-Tabs	Neomycin
Nitrofurantoin	Nitrofurantoin
Norfloxacin	Norfloxacin
Noroxin	Norfloxacin
Novo Ampicillin	Ampicillin
Novodoxylin	Doxycycline
Nu-Ampi	Ampicillin
Ofloxacin	Ofloxacin
Omnicef	Cefdinir
Omnipen	Ampicillin
Omnipen-N	Ampicillin
Oxacillin	Oxacillin
Oxacillin Sodium	Oxacillin
Oxytetracycline	Oxytetracycline
Panmycin	Tetracycline
Pathocil	Dicloxacillin
PC Pen VK	Penicillin
PCE	Erythromycin
Pediamycin	Erythromycin

BGP CMS ANTIBIOTIC MEDS (cont'd)	
DRUG	**GENERIC NAME CROSSWALK**
Pediazole	Erythromycin
Pefloxacin	Pefloxacin
Pen Vee K	Penicillin
Pen-V	Penicillin
Penbritin	Ampicillin
Penicillin	Penicillin
Penicillin G	Penicillin
Penicillin G Benzathine	Penicillin
Penicillin G Benzathine/Penicillin G Procaine (added in v.6.1)	***Penicillin G Benzathine/Penicillin G Procaine (added in v.6.1)***
Penicillin G Potassium	Penicillin
Penicillin G Procaine	Penicillin
Penicillin G Sodium	Penicillin
Penicillin V	Penicillin
Penicillin V Potassium	Penicillin
Periostat	Doxycycline
Permapen	Penicillin
Pfizerpen	Penicillin
Piperacillin	Piperacillin
Piperacillin Sodium	Piperacillin
Piperacillin-Tazobactam	Piperacillin-Tazobactam
Pipracil	Piperacillin
Polycillin	Ampicillin
Polycillin-PRB	Ampicillin/Probenicid
Polymox	Amoxicillin
Polymyxin	Polymyxin
Primaxin	Imipenem-Cilastatin
Principen	Ampicillin
Proloprim	Trimethoprim
Prostaphlin	Oxacillin
Protostat	Metronidazole
Quinupristin/Dalfopristin	Quinupristin/Dalfopristin
Raxar	Grepafloxacin
Rifadin	Rifampin
Rifampin	Rifampin
Rimactane	Rifampin
Robicillin VK	Penicillin
Robimycin	Erythromycin
Rocephin	Ceftriaxone
Septra	Sulfamethoxazole Trimethoprim
Septra DS	Sulfamethoxazole Trimethoprim
SMZ-TMP	Sulfamethoxazole Trimethoprim
Sparfloxacin	Sparfloxacin
Spectrobid	Bacampicillin
Spectracef	Cefditoren
Staphcillin	Methicillin
Streptograminis	Streptograminis

BGP CMS ANTIBIOTIC MEDS (cont'd)	
DRUG	**GENERIC NAME CROSSWALK**
Streptomycin	Streptomycin
Streptomycin Sulfate	Streptomycin
Sulfamethoxazole	Sulfamethoxazole
Sulfamethoxazole Trimethoprim	Sulfamethoxazole Trimethoprim
Sulfatrim	Sulfamethoxazole Trimethoprim
Sulfisoxazole	Sulfisoxazole
Sulfisoxazole/Erythromycin Ethylsuccinate	Erythromycin
Sumycin	Tetracycline
Suprax	Cefixime
Sustiva	Efavirenz
Synercid	Quinupristin/Dalfopristin
TAO	Troleandomycin
Tazicef	Ceftazidime
Tazidime	Ceftazidime
TCN	Tetracycline
TEC-PAQ	Gatifloxacin
Tegopen	Cloxacillin
Telithromycin	Telithromycin
Tequin	Gatifloxacin
Terramycin	Oxytetracycline
Tetracycline	Tetracycline
Tetracycline Hydrochloride	Tetracycline
Ticar	Ticarcillin
Ticarcillin	Ticarcillin
Ticarcillin-Clavulanate	Ticarcillin-Clavulanate
Ticarcillin Disodium	Ticarcillin
Tigecycline	Tigecycline
Timentin	Ticarcillin-Clavulanate
Tobi	Tobramycin
Tobra	Tobramycin
Tobramycin	Tobramycin
Tobramycin Sulfate	Tobramycin
Totacillin	Ampicillin
Totacillin-N	Ampicillin
Trimethoprim	Trimethoprim
Trimox	Amoxicillin
Trimpex	Trimethoprim
Troleandomycin	Troleandomycin
Trovafloxacin	Trovafloxacin
Trovafloxacin/Alatrofloxacin	Trovafloxacin
Trovafloxacin Mesylate	Trovafloxacin
Trovan	Trovafloxacin
Ultracef	Cefadroxil
Unasyn	Ampicillin-Sulbactam
Unipen	Nafcillin
Uroplus DS	Sulfamethoxazole Trimethoprim

BGP CMS ANTIBIOTIC MEDS (cont'd)	
DRUG	**GENERIC NAME CROSSWALK**
Uroplus SS	Sulfamethoxazole Trimethoprim
V-Cillin K	Penicillin
Valacyclovir Hydrochloride	Valacyclovir Hydrochloride
Valtrex	Valacyclovir Hydrochloride
Vancocin	Vancomycin
Vancocin HCL	Vancomycin
Vancoled	Vancomycin
Vancomycin	Vancomycin
Vancomycin Hydrochloride	Vancomycin
Vantin	Cefpodoxime
Vectrin	Minocycline
Veetids	Penicillin
Velosef	Cephradine
Vibramycin	Doxycycline
Vibra-Tabs	Doxycycline
Wycillin	Penicillin
Wymox	Amoxicillin
Z-pak	Azithromycin
Zagam	Sparfloxacin
Zefazone	Cefmetazole
Zinacef	Cefuroxime
Zithromax	Azithromycin
Zithromax TRI-PAK	Azithromycin
Zolicef	Cefazolin
Zosyn	Piperacillin-Tazobactam
Zosyn Add-Vantage	Piperacillin-Tazobactam
Zyvox	Linezolid

BGP CMS BETA BLOCKER MEDS			
Acebutolol	Coreg	Metoprolol	Sotalol HC1
Atenolol	Corgard	Metoprolol/ hydrochlorothiazide	Tenoretic
Atenolol	Corzide 40/5	Metoprolol Tartrate/ hydrochlorothiazide	Tenormin
Atenolol/ chlorthalidone	Corzide 80/5	Nadolol	Tenormin I.V.
Betapace	Esmolol	Nadolol/bendroflumethiazide	Timolide
Betapace AF	Inderal	Normodyne	Timolol
Betaxolol	Inderal LA	Penbutolol	Timolol Maleate/ hydrochlorothiazide
Bisoprolol	Inderide	Pindolol	Timolol/ hydrochlorothiazide
Bisoprolol/fumarate	Inderide LA	Propranolol	Toprol
Bisopropol/ hydrochlorothiazide	Kerlone	Propranolol HC1	Toprol-XL
Blocadren	Labetolol	Propranolol Hydrochloride	Trandate
Brevibloc	Levatol	Propranolol/ hydrochlorothiazide	Trandate HCl

BGP CMS BETA BLOCKER MEDS (cont'd)			
Carteolol	Lopressor	Sectral	Visken
Cartrol	Lopressor HCT	Sorine	Zebeta
Carvedilol	Lopressor/ hydrochlorothiazide	Sotalol	Ziac

4.3.3 Check for Taxonomies Needed for CRS (TC)

This menu option scans for missing taxonomies or those that have no entries. The instructions below explain how to check for taxonomies.

1. Type CI06 at the "Select IHS Clinical Reporting System (CRS) Main Menu Option:" prompt located in the main IHS/RPMS Clinical Reporting System menu.

```
              ************************************************
              **    IHS/RPMS CLINICAL REPORTING SYSTEM (CRS)    **
              ************************************************
                                Version 6.1

                               DEMO HOSPITAL


   CI06   CRS 2006 ...
   CI05   CRS 2005 ...
   GP04   GPRA+ FY04 ...
   GP03   GPRA+ FY03 ...
   GP02   GPRA+ FY02 ...

Select IHS Clinical Reporting System (CRS) Main Menu Option: CI06  CRS 2006
```

Figure 4-6: Accessing the Taxonomy Check menu (step 1)

2. The CRS 2006 main menu displays (Figure 4-7). The AO Area Options menu option only displays for Area Office sites. Type SET at the "Select CRS 2006 Option:" prompt to display menu options to perform setup activities.

```
                        ********************************
                        **      IHS/RPMS CRS 2006      **
                        **  Clinical Reporting System  **
                        ********************************
                                  Version 6.1

                                 DEMO HOSPITAL


   RPT    Reports ...
   SET    System Setup ...
   AO     Area Options ...

Select CRS 2006 Option: SET  System Setup
```

Figure 4-7: Accessing the Taxonomy Check menu (step 2)

3. The Setup menu displays (Figure 4-8). **NOTE:** The SP Site Parameters menu option will only be displayed for users with security access for this functionality.

```
                          **************************
                          **   IHS/RPMS CRS 2006  **
                          **       Setup Menu     **
                          **************************
                                 Version 6.1

                                DEMO HOSPITAL


   SP     Site Parameters
   TC     Taxonomy Check ...
   TS     Taxonomy Setup ...

Select System Setup Option: TC  Taxonomy Check
```

Figure 4-8: Accessing the Taxonomy Check menu (step 4)

4. Type TC at the "Select System Setup Option:" prompt at the Setup menu.

5. The Taxonomy Check menu is displayed. The taxonomy checks are segregated by report option, as shown in Figure 4-9. You should run the taxonomy check for each report that your facility will run. If there are reports your facility will not run, then you do not need to run the taxonomy check for that report. For example, if your facility does not run the CMS or HEDIS reports, you could skip those taxonomy checks.

   The steps for running the taxonomy check for all reports are the same and are described below.

```
                          **************************
                          **   IHS/RPMS CRS 2006   **
                          **  Taxonomy Check Menu  **
                          **************************
                                 Version 6.1

                                DEMO HOSPITAL


   NGTC   Taxonomy Check-National GPRA/GPRA Performance Rpts
   LRTC   Taxonomy Check-Local CRS Reports
   CMTC   Taxonomy Check-CMS Report
   ELTC   Taxonomy Check-Elder Care Report
   HETC   Taxonomy Check-HEDIS Report

Select Taxonomy Check Option:
```

Figure 4-9: Taxonomy Check menu

6. At the "Select Taxonomy Check Option:" prompt, type the menu option of the taxonomy check you want to run, for example, NGTC.

7. A message will be displayed that gives the name of the report for which the taxonomies are being checked. At the "DEVICE:" and "Right Margin:" prompts, press the Enter key to display the information to the screen.

8. The system then checks to see if all taxonomies used in the report are present (Figure 4-10). The name of any taxonomy that is either missing or that has no

members is displayed. The first time CRS 2006 Version 6.1 is used, expect to see a list of those taxonomies that are new to the 2006 software, because they will have no members. Taxonomies that existed previously will retain the members previously associated to them and will not be overwritten with blank taxonomies.

You will need to run this option again when taxonomy setup has been completed to ensure that all taxonomies have entries.

9. Review the list of taxonomies that either need to be setup or populated. Section 4.3.4 lists the steps for setting up these taxonomies.

```
Checking for Taxonomies to support the National GPRA Report.
Please enter the device for printing.

DEVICE: HOME//   VT    Right Margin: 80//

Checking for Taxonomies to support the National GPRA Report...

In order for the National GPRA Report to find all necessary data, several
taxonomies must be established.  The following taxonomies are missing or have
no entries:
A/C Ratio lab tests [DM AUDIT A/C RATIO TAX] has no entries
End of taxonomy check.  PRESS ENTER:
```

Figure 4-10: Running a Taxonomy Check, step 8

> **NOTE**: Many of the taxonomies used by CRS have already been established and populated, either by other RPMS applications (e.g., Diabetes Management) or by CRS 2006 Version 6.0. However, these taxonomies should **all be reviewed** for completeness.

10. If your taxonomies have all been setup and populated, the message `All taxonomies are present` will appear on the screen. Press the Enter key at the "End of taxonomy check. PRESS ENTER:" prompt to return to the Taxonomy Check menu.

4.3.4 Taxonomy Setup (TS)

NOTE: Users must have security key BGPZ SITE PARAMETERS to edit the site-populated taxonomies. Users without access may view a list of site-populated taxonomies and view tests and drugs contained within taxonomies; however, they may not edit the taxonomies.

Taxonomy Setup (TS) allows you to review, add to or edit members in the required taxonomies used in CRS. All taxonomies should be present after CRS 2006 is loaded, even if the taxonomy has no members yet.

> **NOTE**: ALL taxonomies should be reviewed for completeness before running the first CRS report. Add new test names, but do not delete the old ones.

1. Type CI06 at the "Select IHS Clinical Reporting System (CRS) Main Menu Option:" prompt located in the main IHS/RPMS Clinical Reporting System menu.

```
              **************************************************
              **    IHS/RPMS CLINICAL REPORTING SYSTEM (CRS)    **
              **************************************************
                                Version 6.1

                               DEMO HOSPITAL


   CI06   CRS 2006 ...
   CI05   CRS 2005 ...
   GP04   GPRA+ FY04 ...
   GP03   GPRA+ FY03 ...
   GP02   GPRA+ FY02 ...

Select IHS Clinical Reporting System (CRS) Main Menu Option: CI06  CRS 2006
```

Figure 4-11: Accessing the Taxonomy Setup menu (step 1)

2. The CRS 2006 main menu displays (Figure 4-12). The AO Area Options menu option only displays for Area Office sites. Type SET at the "Select CRS 2006 Option:" prompt to display menu options to perform setup activities.

```
                        **********************************
                        **      IHS/RPMS CRS 2006       **
                        **  Clinical Reporting System   **
                        **********************************
                                  Version 6.1

                                 DEMO HOSPITAL


   RPT    Reports ...
   SET    System Setup ...
   AO     Area Options ...

Select CRS 2006 Option: SET  System Setup
```

Figure 4-12: Accessing the Taxonomy Setup menu (step 2)

3. The Setup Menu displays (Figure 4-13). **NOTE:** The SP Site Parameters menu option will only be displayed for users with security access for this functionality.

```
                           *************************
                           **   IHS/RPMS CRS 2006  **
                           **       Setup Menu     **
                           *************************
                                  Version 6.1

                                 DEMO HOSPITAL


   SP     Site Parameters
   TC     Taxonomy Check ...
   TS     Taxonomy Setup ...

Select System Setup Option: TS  Taxonomy Setup
```

Figure 4-13: Accessing the Taxonomy Setup menu (step 4)

4. Type TS at the "Select System Setup Option:" prompt at the Setup menu.

5. The Taxonomy Setup menu is displayed (Figure 4-14). The taxonomy setup is segregated into four options, as shown in Figure 4-14. You should setup the taxonomies for each report your facility will run. If there are reports your facility will not run, then you do not need to setup taxonomies for that report. For example, if your facility does not run the CMS report, you could skip that setup option.

   The steps for setting up taxonomies for each menu option are the same and are described below.

```
                          **************************
                          **   IHS/RPMS CRS 2006   **
                          **  Taxonomy Setup Menu  **
                          **************************
                                  Version 6.1

                                 DEMO HOSPITAL


   NGTS   Taxonomy Setup-National GPRA/GPRA Performance Rpts
   CMTS   Taxonomy Setup-CMS Report
   CRTS   Taxonomy Setup-All CRS Reports
   VT     View All CRS Taxonomies

Select Taxonomy Setup Option:
```

Figure 4-14: Taxonomy Setup menu

6. At the "Select Taxonomy Setup Option:" prompt, type the menu option of the taxonomy setup option you want to run, for example, NGTS.

7. A list of the site-populated taxonomies is displayed for the report is displayed. In the figure below, the CRTS menu option was chosen, which displays taxonomies included in all CRS reports, and both lab and drug taxonomies is displayed, as shown in Figure 4-15 below.

```
2006 CRS TAXONOMY UPDATE      Apr 26, 2006 11:47          Page:    1 of    4
TAXONOMIES TO SUPPORT 2006 ALL CRS REPORTS REPORTING


1)  BGP ASTHMA INHALED STEROIDS      DRUGS       Inhaled Corticosteroids Drugs
2)  BGP CBC TESTS                    LAB         CBC Lab tests
3)  BGP CD4 TAX                      LAB         CD4 Tests for HIV Quality of Ca
4)  BGP CHLAMYDIA TESTS TAX          LAB         Chlamydia Lab Tests.
5)  BGP CMS ABG TESTS                LAB         ABG Lab tests
6)  BGP CMS ACEI MEDS                DRUGS       Ace Inhibitor Drugs
7)  BGP CMS ANTIBIOTIC MEDS          DRUGS       Antibiotic Drugs
8)  BGP CMS ARB MEDS                 DRUGS       Contains ARB drugs.
9)  BGP CMS BETA BLOCKER MEDS        DRUGS       Contains all Beta Blocker Drugs
10)  BGP CMS BLOOD CULTURE           LAB         Blood Culture tests.
11)  BGP CMS THROMBOLYTIC MEDS       DRUGS       CMS
12)  BGP CMS WARFARIN MEDS           DRUGS       Contains Warfarin Drugs.
13)  BGP GPRA ESTIMATED GFR TAX      LAB         Estimated GFR Lab Tests
14)  BGP GPRA FOB TESTS              LAB         Fecal Occult Blood Lab Tests
15)  BGP GROUP A STREP TESTS         LAB         Group A Strep Tests
16)  BGP HEDIS ANTIBIOTICS MEDS      DRUGS       Antibiotic medications
+         Enter ?? for more actions                                      >>>
S    Select Taxonomy to Edit            Q    Quit
D    Display a Taxonomy
Select Action:+//
```

Figure 4-15: Site-populated Taxonomies List for All CRS Reports

In the second example below, the taxonomies for the National GPRA report are displayed, and you can see that only lab taxonomies are included for this report.

The steps for editing both lab and drug taxonomies are the same, as described below.

```
2006 CRS TAXONOMY UPDATE      Apr 26, 2006 11:51:46          Page:    1 of    1
TAXONOMIES TO SUPPORT 2006 NATIONAL GPRA REPORT REPORTING


1)  BGP GPRA ESTIMATED GFR TAX       LAB         Estimated GFR Lab Tests
2)  BGP GPRA FOB TESTS               LAB         Fecal Occult Blood Lab Tests
3)  BGP HIV TEST TAX                 LAB         HIV Screening Lab Tests
4)  BGP PAP SMEAR TAX                LAB         Pap Smear Lab Tests
5)  DM AUDIT A/C RATIO TAX           LAB         A/C Ratio lab tests
6)  DM AUDIT CHOLESTEROL TAX         LAB         Cholesterol Lab Tests (Total Ch
7)  DM AUDIT HDL TAX                 LAB         HDL Lab Tests
8)  DM AUDIT HGB A1C TAX             LAB         Hemoglobin A1C Lab Tests
9)  DM AUDIT LDL CHOLESTEROL TAX     LAB         LDL Cholesterol Lab Tests
10)  DM AUDIT LIPID PROFILE TAX      LAB         Lipid Profile Lab Test Panel
11)  DM AUDIT MICROALBUMINURIA TAX   LAB         Microalbuminuria Lab Tests
12)  DM AUDIT TRIGLYCERIDE TAX       LAB         Triglyceride Lab Tests
13)  DM AUDIT URINE PROTEIN TAX      LAB         Urine Protein Lab Tests




          Enter ?? for more actions                                     >>>
S    Select Taxonomy to Edit            Q    Quit
D    Display a Taxonomy
Select Action:+//
```

Figure 4-16: Site-populated Taxonomies List for National GPRA Report

8. **To display a taxonomy but not edit the taxonomy,** type D (Display a Taxonomy) at the "Select Action:" prompt.

9. Type the number of the taxonomy you want to display. In the example in Figure 4-17, item 14 (DM AUDIT URINE PROTEIN TAX) was entered.

10. The taxonomy and its associated members are displayed, as shown in Figure 4-17. To return to the taxonomy list, type Q.

```
TAXONOMY VIEW                Apr 26, 2006 11:53:04          Page:    1 of    1
Display of the DM AUDIT URINE PROTEIN TAX taxonomy
* View Taxonomies

1)  PROTEIN (URINE)
2)  PROTEIN URINE (SO)



          Select the Appropriate Action   Q to Quit
+    Next Screen          -    Previous Screen      Q    Quit
Select Action:+// Q Quit
```

Figure 4-17: Displaying Taxonomies (step 10)

11. **To edit the members included in a taxonomy,** type S (Select Taxonomy to Edit) at the "Select Action:" prompt.

12. Type the number of the taxonomy you want to edit. In Figure 4-18, number 11 (DM AUDIT LIPID PROFILE TAX) was entered. There are no lab tests currently included in the taxonomy.

13. Type A (Add Taxonomy Item) at the "Select Action:" prompt.

```
CRS TAXONOMY UPDATE          Apr 26, 2006 11:56:33          Page:    0 of    0
Updating the DM AUDIT LIPID PROFILE TAX taxonomy




          Enter ?? for more actions
A    Add Taxonomy Item    R    Remove an Item
Select Action:+// A Add Taxonomy Item
```

Figure 4-18: Editing Taxonomies (step 13)

14. The first few characters of the lab test you want to add. For example, type LIP at the "Which Lab Test:" prompt. Several types of lab tests specific to your site display (Figure 4-19).

```
CRS TAXONOMY UPDATE          Apr 26, 2006 11:57:43          Page:    0 of    0
Updating the DM AUDIT LIPID PROFILE TAX taxonomy



          Enter ?? for more actions
A    Add Taxonomy Item    R    Remove an Item
Select Action:+// A   Add Taxonomy Item

Which LAB Test: LIP
     1   LIPASE
     2   LIPID PANEL  V.LIPID PANEL
     3   LIPID PANEL (SO)
     4   LIPID PANEL + GLUCOSE  LP + 1AC
     5   LIPID PANEL W/ LDL-D
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5:
```

Figure 4-19: Adding Items to a Lab Test Taxonomy (step 14)

15. Type the number of the test you want to add at the "Which Lab Test:" prompt. The test you added is now displayed as part of the taxonomy.

16. Repeat steps 13 – 15 to add more lab tests. When all tests have been added to the taxonomy, press the Enter key when prompted for another lab test. You will be returned to the display screen.

17. If all tests are displayed correctly, type Q to quit and save that Taxonomy at the "Select Action:" prompt.

```
CRS TAXONOMY UPDATE          Apr 26, 2006 11:59:16          Page:    1 of    1
Updating the DM AUDIT LIPID PROFILE TAX taxonomy


1)  LIPID PANEL W/ LDL-D
2)  LIPID PANEL (SO)
3)  LP + 1AC



          Enter ?? for more actions
A    Add Taxonomy Item    R    Remove an Item
Select Action:+// Q Quit
```

Figure 4-20: Editing Taxonomies (steps 17-18)

18. At the screen displaying all taxonomies, press Q to quit at the "Select Action:" prompt.

19. Once you are finished adding, editing, or removing taxonomy members from ALL taxonomies, select the application taxonomy check to perform the final check for taxonomies needed for CRS for this report.

> **NOTE:** You must include ALL test names that have been used by your facility since 1999, even if these codes are currently inactive. Some measures search for tests as far back as 10 years.

> Many sites designate inactive lab tests by adding one of the following characters at the beginning of the test name: “z,” “Z,” “xx,” “X,” or “*.” Search for these characters in your lab file.

4.3.5 Using QMan to Populate a Taxonomy

QMan is the RPMS query utility. QMan builds queries through a series of elements. The QMan User Manual provides detailed and easy-to-follow instructions for constructing queries. The Manual can be downloaded from the RPMS Web site: http://www.ihs.gov/Cio/RPMS/index.cfm?module=home&option=documents.

> **Note**: You will need to work with your Site Manager or other information systems staff to use QMan to set up your taxonomies, because only the taxonomy “creator” (i.e., the person that installed the CRS 2006 software) can modify the taxonomy in QMan.

5.0 Reports and Patient Lists

The CRS Clinical Reporting System is a reporting tool that provides local facilities and Areas with a straightforward way to monitor their progress toward clinical performance goals. This chapter describes the different types and formats of reports and patient lists.

CRS accommodates both national (GPRA) reporting and local, customized performance tracking.

All reports review and calculate data for a minimum one year time period, i.e., searching patient records for data matching the numerator criteria for the entire year prior to the report end date selected by the user. A few measures review data for more than one year, such as Cancer Screening: Pap Smear, which looks for a Pap smear in past three years.

The National GPRA, GPRA Performance, Elder Care, and HEDIS Performance report data files can be exported to the Area and aggregated for an Area report.

5.1 Report Types

Several report options are included in CRS 2006. In addition to the pre-defined national GPRA report, users have many choices for "customizing" reports for local facility use by selecting different populations and/or specific measure topics. New for Version 6.1 is the Create Search Template for National Patient List (NST), which allows users to run a National GPRA patient list and save it to a search template, which may then be used in other applications like VGen for running additional queries.

Report options include:

National GPRA Reports

- National GPRA Report (GP) (without patient lists)
- Comprehensive National GPRA Patient List (CMP)
- National GPRA Report Patient List (LST)
- Create Search Template for National Patient List (NST)

Reports for Local Use

- Selected Measures w/Community Specified (COM)
- Selected Measures w/Patient Panel Population (PP)
- Selected Measures with All Communities (ALL)
- CMS Performance Report (CMS)

Other National Reports

- GPRA Performance Report (GPU) (National GPRA report with user-defined report parameters)
- Elder Care Report (ELD)
- HEDIS Performance Report (HED)

Taxonomy Reports

- Lab Taxonomy Report (TXL)
- Medication Taxonomy Report (TXM)

The following table demonstrates the population options available with each report type. **NOTE:** The two taxonomy reports are not listed below since they report on site-populated taxonomies only; not patients.

Population Options	National GPRA Reports				Selected (Local) Reports				Other National Reports		
	GP	CMP	LST	NST	COM	PP	ALL	CMS	GPU	ELD	HED
GPRA Community Taxonomy	X	X	X	X	X				X	X	X
Other Site-Populated Community Taxonomy	X[4]	X	X	X	X				X	X	X
AI/AN Patients only	X	X	X	X	X		X		X	X	X
Non-AI/AN Patients					X		X		X	X	X
Both AI/AN and Non-AI/AN Patients					X		X		X	X	X
All RPMS patients (any community of residence)							X	X			
Patient panel (user specified list of patients)						X					
Patient List		X	X		X	X	X	X		X	X
Search Template				X							

5.1.1 National GPRA Report

The National GPRA report is the report sites will run when they are ready to submit their annual GPRA data to their respective Area Offices for 2006 GPRA reporting. It is also the report option used for quarterly GPRA reporting.

National reporting for clinical performance measures is accomplished with the National GPRA report. The National GPRA Report (GP) includes both measures (specific denominators and numerators) described in the current IHS Performance Plan to Congress, e.g., diabetic patients with controlled blood pressure (see section 5.2.1 for specific content) as well as other measures representing potential new GPRA

[4] Although users may change the community taxonomy to a non-GPRA taxonomy, the GPRA taxonomy must be used for submitting the quarterly reports to the Area Office.

measures and/or other strategic agency clinical focus, e.g., Comprehensive CVD-Related Assessment.

The population for the National GPRA report should include only patients with a community of residence that is listed in the site's "official" GPRA Community taxonomy. The Area GPRA Coordinators have defined the existing CHS catchment areas[5] as the GPRA Community.[6] The default Community Taxonomy should be defined in the Site Parameters file (see section 4.2).

The National GPRA report is pre-defined to include *only* the American Indian and Alaska Native (AI/AN) patient-type population, defined as Beneficiary 01 in the patient registration file.

The National GPRA report is required to be run *at least quarterly* to review progress toward meeting critical agency goals.

The National GPRA report can be exported to the Area Office by the site for aggregation into an Area-wide report. The National GPRA report will also create three delimited electronic files (.txt) with measure results designed to be used in Excel to set up graphs (see section 10.0 Working with Delimited Files). The file containing all of the measures reported to Congress in IHS' annual GPRA report begins with "GPRANT1." All of the other measures are included in files beginning with "CRSNT1" and "CRSNT2."

Patient Lists can be run with this report (see section 5.1.9.1 for additional information).

5.1.2 Selected Measures Reports for Local Facility Use

The following reports are intended for local use by a facility for specific public health and/or performance improvement initiatives. Each report allows the user to select one or more performance measure topics and different populations. All Selected Measures reports include the option to run Patient Lists (see section 5.1.9.4).

- **Selected Measures with Community Specified (COM):** includes **all** denominators and numerators for any performance measure topics selected by the user. The report will display *both* Active Clinical and GPRA User Population denominators, in addition to any other measure-specific denominators, e.g., Active Adult Diabetic patients. For any selected topic, this report will display *all* numerators, including any breakdowns by gender and age where defined.

[5] A catchment area includes patients registered within a particular service unit AND who reside in one of the communities assigned to the service unit.

[6] The exception to this definition is Oklahoma City Area, which will inform its sites directly as to which communities to include.

This report uses a Community Taxonomy to define the population. If this report is used to review and improve local data for national GPRA reporting, the user should select the site's "official" GPRA Community taxonomy (see discussion in National GPRA report above). Other Community taxonomies can also be specified for other local uses, such as comparing one community to another.

This report also provides an option for selecting different patient-type populations: American Indian and Alaska Native (AI/AN), non-AI/AN or both. For comparison to national reporting, American Indian and Alaska Native *only* must be selected.

- **Selected Measures with Patient Panel Population (PP):** includes **all** numerators, including any breakdowns by gender and age where defined, for any performance measure topics selected by the user. The report will display *only* one denominator, the number of patients in the user-defined patient panel.

  The population for this report is defined by a user-specified list (panel) of patients and includes only those communities of which the patients are residents. See Appendix C: Creating a Patient Panel for detailed instructions.

- **Selected Measures with All Communities (ALL):** includes **all** denominators and numerators for any performance measure topics selected by the user. The report will display *both* Active Clinical and GPRA User Population denominators, in addition to any other measure-specific denominators, e.g., Active Adult Diabetic patients. For any selected topic, this report will display *all* numerators, including any breakdowns by gender and age where defined.

  The population for this report is *any* patient in the database, regardless of the community of residence. This report also provides an option for selecting different patient-type populations: American Indian and Alaska Native (AI/AN), non-AI/AN or both.

5.1.3 CMS Performance Report

The CMS (Centers for Medicare & Medicaid Services) Performance report provides IHS hospitals with lists of patients and related RPMS data as a basis for chart review and further data abstraction to report CMS Hospital Quality Data for 17 required performance measures.

In January 2004, CMS began requiring hospitals to provide clinical performance data on 10 quality measures related to three serious medical conditions that result in hospitalization: heart attack (acute myocardial infarction), heart failure and pneumonia. Section 501(b) of the Medicare Drug Prescription and Modernization Act of 2003 (MMA) stipulates that eligible hospitals that do not submit their data to CMS using the 10 measure "starter" set will be subject to reduction in their FY2005 payment by 0.4%. The set of measures will be expanded to 22 measures by 2007. For additional information on the CMS measures, visit:

http://www.cms.hhs.gov/quality/hospital/

The CMS Performance report is unlike any other report in CRS in that it does not include denominators and numerators and performance measure rates. It does contain lists of patients and all of the relevant information available in RPMS; however, it still requires the users to: (1) review the patients' charts to search for information that may be available only from the chart and which is not documented in RPMS, (2) to compile the information for CMS reporting, and (3) to transmit the report data to CMS. CRS does not provide an option for transmitting the data to CMS.

The CMS Performance report includes all patients who meet the measure criteria and does not provide the option to run the report for American Indian/Alaska Native patients only, nor does it provide the option to export the data to the Area Office.

5.1.4 GPRA Performance Report

The GPRA Performance report (GPU) includes the same performance measures included in the National GPRA report (see section 5.1.1). However, unlike the National GPRA report, users select ALL report parameters (i.e. report end date, report year, baseline year, patient population, and community taxonomy) for this report. For the report end date, users may select from pre-defined quarters, such as September 30, December 31, or users may enter any end date, such as November 14.

The GPRA Performance report can be exported to the Area Office by the site for aggregation into an Area-wide report.

Patient Lists for this report are run in the same manner as they are for the National GPRA report, as described in section 5.1.9.1.

5.1.5 Elder Care Report

This report contains quality of care measures for patients 55 and older, including those related to diabetes prevalence and management, dental access, cancer screening, tobacco use, immunizations, cardiovascular disease, intimate partner violence, depression, and osteoporosis. The measure "rate of functional status assessment", is unique to this report. Performance measures are also reported by age ranges 55-64, 65-74, 75-84, and 85 and older to facilitate detailed analysis and comparisons. The intent of this report is to provide a tool with which to focus on the quality of care provided to older patients.

The Elder Care report provides an option for selecting different patient-type populations: American Indian and Alaska Native (AI/AN), non-AI/AN or both, and can be exported to the Area Office by the site for aggregation into an Area-wide Elder Care report.

Patient Lists for this report may be run (see section 5.1.9.6).

5.1.6 HEDIS Performance Report

As discussed in Section 3.1.3 Comparing Ourselves to National Guidelines, IHS uses HEDIS® as a source for defining clinical performance measures. The HEDIS report contains only HEDIS measures and is intended for use by sites interested in seeking NCQA certification. CRS Version 6.1 includes 21 HEDIS measures from the "Effectiveness of Care" performance section; the remaining measures that can be derived from RPMS will be included in the future versions of the CRS software.

The population for the HEDIS report is based on the specific Community Taxonomy specified by the user. For formal HEDIS reporting, it is recommended that the site's "official" GPRA Community taxonomy be used (see discussion in National GPRA report above) as it most closely matches the HEDIS definition of "continuously enrolled members." Sites may also want to use the HEDIS report for local purposes with other Community taxonomies; for example, a site could run separate reports for individual communities to compare performance.

Some HEDIS measures may be defined slightly differently than for GPRA, e.g., female patients ages 52 through 69 (not 64) with mammograms documented in past two years.

The HEDIS report provides an option for selecting different patient-type populations: American Indian and Alaska Native (AI/AN), non-AI/AN or both and can be exported to the Area Office by the site for aggregation into an Area-wide HEDIS report.

Patient Lists for this report may be run (see section 5.1.9.6).

5.1.7 Lab Taxonomy Report

Unlike all of the reports described above, this report contains information on site-populated lab taxonomies and does not report on any patients. It lists all of the lab taxonomies included in the National GPRA, other CRS reports, and the CMS report. Within each taxonomy, it lists all of the lab tests that have been assigned to the taxonomy by the facility. Only a printed version of this report is available.

5.1.8 Medication Taxonomy Report

As with the Lab Taxonomy report, this report contains information on site-populated lab taxonomies and does not report on any patients. It lists all of the medication taxonomies included in the National GPRA, other CRS reports, and the CMS report. Within each taxonomy, it lists all of the medications that have been assigned to the taxonomy by the facility. Only a printed version of this report is available.

5.1.9 Patient Lists

5.1.9.1 National GPRA Report Patient Lists

Patient Lists are available for performance measures included in the National GPRA report (GP menu option) and the GPRA Performance report (GPU menu option), and users may choose whether to display patients meeting or not meeting a measure, such as a list of patients with or without mammograms. For some measures, more patient lists options are available, such as those for the Diabetes: Glycemic Control topic:

- List of diabetic patients with a documented HbA1c.
- List of diabetic patients without a documented HbA1c.
- List of diabetic patients with poor glycemic control (HbA1c > 9.5).
- List of diabetic patients with ideal glycemic control (HbA1c < 7).

Patient list options include a random list (10% of the total list), a list by designated primary care provider, and the entire patient list.

See section 5.2.3 for the patient list content. See section 6.5 for a detailed description of how to produce patient lists for measures included in the National GPRA and GPRA Performance reports.

5.1.9.2 Comprehensive National GPRA Patient List

This patient list option displays all of the patients included in the National GPRA/GPRA Performance report and lists all of the GPRA measures reported to Congress the patient did not meet. See section 5.2.2 for a list of the measures included in this report.

Patient list options include a random list (10% of the total list), a list by designated primary care provider, and the entire patient list of patients and the measure(s) they did not meet. See section 6.4 for a detailed description of how to produce this patient list.

5.1.9.3 Create Search Template for National Patient List

A Search Template may be created from a National GPRA Patient List for patients meeting or not meeting a performance measure included in the National GPRA report. Users select the performance measure, for example Pap Smear in the past three years, and then choose which list they want, for example, patients without a Pap Smear. Users provide the Community taxonomy to determine which patients will be included and choose the report period. Patient list options include a random list (10% of the total list), a list by designated primary care provider, and the entire patient list of patients and the measure(s) they did not meet. See section 6.6 for a detailed description of how to produce a search template for a patient list. When this option is run, the report for the selected performance measure is included but the patient list is not.

5.1.9.4 Selected Measures Report Patient Lists

Patient Lists for individual performance measures are available with any Selected Measures report (COM, PP or ALL menu options) and display patients who meet the numerator(s), denominator(s) or both, depending on the measure. See section 5.2.7 for a detailed list of the patient list content for each performance measure.

Patient list options include a random list (10% of the total list), a list by designated primary care provider, and the entire patient list. Users select which measures they want to run patient lists for after they have selected the measures to report on. See section 6.7 for a detailed description of how to produce the Selected Measures reports with patient lists.

5.1.9.5 CMS Performance Report Patient Lists

The CMS Performance report automatically provides lists of patients and related RPMS data as a basis for chart review and further data abstraction to report to CMS for 17 CMS quality measures. Because of the nature of this report, these patient lists are formatted differently than the other CRS patient lists and users are not given the option to run a random list or list by designated provider.

See section 6.7.4 for a description of how to run the CMS Performance report.

5.1.9.6 Elder Care and HEDIS Reports Patient Lists

Patient Lists are available for individual measures included in the Elder Care and HEDIS reports and display patients who meet the numerator(s), denominator(s) or both, depending on the measure. See sections 5.2.10 and 5.2.12 for a detailed list of the patient list content for each performance measure in these reports.

Patient list options include a random list (10% of the total list), a list by designated primary care provider, and the entire patient list. Users select which measures they want to run patient lists for after they have selected the measures to report on. See sections 6.9 and 6.10 for a detailed description of how to produce the Elder Care and HEDIS reports with patient lists.

5.2 Report Content

5.2.1 National GPRA and GPRA Performance Reports

Content of the National GPRA and GPRA Performance reports is exactly the same and is defined in the following table. Performance measures included in the current GPRA Performance Plan to Congress (i.e., GPRA measures) are shown in bold.

Performance Measure Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Diabetes Prevalence	User Population, broken down by gender and age groups.	1) Diabetes diagnosis ever 2) Diabetes diagnosis during prior year
Diabetes (DM): Glycemic Control	**Active Diabetic patients**	1) With Hemoglobin A1c, any value **2) With Poor control** **3) With Ideal control**
DM: Blood Pressure Control	**Active Diabetic patients**	1) With BP assessed **2) With Controlled BP**
DM: Lipids Assessment	**Active Diabetic patients**	**1) With LDL, any value** 2) With LDL <= 100.
DM: Nephropathy Assessment	**Active Diabetic patients**	**1) With positive urine/any micro-albuminuria/ESRD** 2) With Estimated GFR 3) With both positive urine/any microalbuminuria/ESRD AND Estimated GFR
DM: Retinopathy	**Active Diabetic patients**	**1) With diabetic retinopathy exam (broadly defined)**
Access to Dental Services	**User population**	**1) With documented dental exam or refusal**
Dental Sealants	**No denominator. This measure is a total count only, not a percentage.**	**Total number of dental sealants provided**
Topical Fluoride	**No denominator. This measure is a total count only, not a percentage.**	1) Total number of topical fluoride applications **2) Total number of patients with at least one topical fluoride application**
Adult IZ: Influenza	**1) Active Clinical patients 65 and older** 2) Active Diabetic patients	**1) With influenza vaccination or refusal** 2) With refusal in past year
Adult IZ: Pneumovax	**1) Active Clinical patients 65 and older** 2) Active Diabetic patients	**1) With pneumovax ever or refusal in past year** 2) With refusal in past year
Childhood IZ	1) Active Clinical patients 19 – 35 months **2) Active Immunization Package patients 19 – 35 months**	**1) With 4:3:1:3:3 combo (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B)** 2) With 4 doses of DTaP 3) With 3 doses of Polio 4) With 1 doses of MMR 5) With 3 doses of HiB 6) With 3 doses of Hepatitis B
Cancer Screening: Pap Smear Rates	**Female Active Clinical patients ages 21 through 64**	**1) With documented pap smear in past 3 years or refusal in past year** 2) With refusal in past year
Cancer Screening: Mammogram Rates	**Female Active Clinical patients ages 50 through 64**	**1) With documented mammogram in past 2 years or refusal in past year**

Performance Measure Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Colorectal Cancer	**Active Clinical patients 51-80**	**1) With CRC screening (time period dependent upon type of CRC screening) or refusal in past year** A) With refusal in past year B) With FOB in past year 2) With rectal exam in past 2 years or refusal in past year
Tobacco Use Assessment	Active Clinical patients ages 5 and older	1) Screened for tobacco use 2) Tobacco users A) Smokers B) Smokeless 3) Exposed to environmental tobacco smoke (ETS)
Tobacco Cessation	**Active Clinical patients identified as current tobacco users prior to the Report Period, broken down by age and gender groups**	**1) With tobacco cessation counseling or refusal** 2) Quit tobacco use
FAS Prevention	**Female Active Clinical patients ages 15 through 44**	**1) With documented alcohol screening or refusal**
IPV/DV Screening	**Female Active Clinical patients ages 15 through 40**	**1) With documented IPV/DV screen or refusal**
Depression Screening	1) Active Diabetic patients, broken down by gender. **2) Active Clinical patients ages 18+, broken down by gender.**	**1) With depression screening or refusal or diagnosed with mood disorder** A) With depression screening B) With mood disorder diagnosis C) With refusal
Obesity Assessment (BMI)	Active Clinical patients ages 2 through 74, broken down by age groups	1) With BMI calculated A) With BMI and assessed as overweight B) With BMI and assessed as obese C) Total of overweight and obese D) With refusal in past year
Childhood Weight Control	**Active Clinical patients ages 2-5 with BMI, broken down by age and gender groups**	1) With BMI 85-94% **2) With BMI 95% and up** 3) With BMI >85%
Cardiovascular Disease and Cholesterol Screening	**Active Clinical patients ages 23+**	**1) With documented cholesterol screening in past 5 years**

Performance Measure Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Cardiovascular Disease and Blood Pressure Control	1) Active Clinical patients ages 20+ 2) Active Clinical patients with ischemic heart disease diagnosis	1) With BP documented in past 2 years 2) With normal BP (<120/80) 3) With Pre-Hypertension I BP (=>120/80 and <130/80) 4) With Pre-Hypertension II BP (=>130/80 and <140/90) 5) With Stage 1 Hypertension BP (=>140/90 and <160/100) 6) With Stage 2 Hypertension BP (=>160/100)
Comprehensive CVD-Related Assessment	Active Clinical patients ages 46 and older who are not diabetic	1) With BP documented in past 2 years 2) With LDL done in 5 years 3) With tobacco screening 4) With BMI or refusal 5) With lifestyle education 6) With depression screening 7) With all assessments
Beta-Blocker Treatment After a Heart Attack	Active Clinical patients 35 and older discharged for an AMI	With active prescription for beta-blockers no later than 7 days after first discharge
Persistence of Beta-Blocker Treatment After a Heart Attack	Active Clinical patients 35 and older discharged for an AMI	Patients with a 180-day course of treatment for beta-blockers
Cholesterol Management for Patients with Cardiovascular Conditions	Active Clinical patients ages 18 to 75 diagnosed with AMI, CABG, PTCA, or IVD	1) With LDL 2) With LDL <=100 3) With LDL 101-130 4) With LDL >130
Prenatal HIV Testing	**Pregnant female patients with no documented miscarriage or abortion or HIV diagnosis**	**1) With HIV test in past 20 months** A) With refusal in past year
Prediabetes/Metabolic Syndrome	Active Clinical patients ages 18 and older diagnosed with prediabetes/metabolic syndrome without a documented history of diabetes	With all screenings (BP, LDL, fasting glucose, nephropathy screening, tobacco screening, BMI, lifestyle counseling, and depression screening)

Performance Measure Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Public Health Nursing	No denominator. This measure is a total count only, not a percentage.	1) Number of visits by PHNs in any setting A) Ages 0-28 days B) Ages 29 days to 12 months C) Ages 1-64 years D) Ages 65+ E) PHN driver/interpreter 2) Number of visits by PHNs in Home setting A) Ages 0-28 days B) Ages 29 days to 12 months C) Ages 1-64 years D) Ages 65+ E) PHN driver/interpreter

5.2.2 Comprehensive National GPRA Patient List

The table below shows the National GPRA performance measures and which are included in the GPRA Performance Plan to Congress (i.e. GPRA measures) that are applicable to each patient and which will be included in this report. Performance measures that are counts and not rates, such as Dental Sealants, are not included in this report. In addition, measures that report on patients with documented health issues, such as Poor Glycemic Control, are also not included in this report.

Performance Measure Topic	Performance Measure	Abbreviation for Patient List, "Measures Not Met" Column
Diabetes (DM): Glycemic Control	Ideal Glycemic Control	DM Ideal Control
DM: Blood Pressure Control	Controlled BP	DM Contr BP
DM: LDL Assessment	LDL Assessed	DM LDL Doc
DM: Nephropathy Assessment	Nephropathy Assessed	DM Nephropathy
DM: Retinopathy	Retinopathy Assessed	DM Retinopathy
Access to Dental Services	Documented Dental Visit	Dental Visit
Adult Immunizations: Influenza	Documented Influenza Immunization	AC 65+ Influenza IZ
Adult Immunizations: Pneumovax	Documented Pneumovax Ever	AC 65+ Pneumovax IZ
Childhood Immunizations	Active Immunization Package Patients With All Documented Childhood Immunizations	IMM Pkg Child IZ
Cancer Screening: Pap Smear Rates	Documented Pap Smear or Refusal	AC Pap Smear
Cancer Screening: Mammogram Rates	Documented Mammogram or Refusal	AC Mammogram

Performance Measure Topic	Performance Measure	Abbreviation for Patient List, "Measures Not Met" Column
Colorectal Cancer Screening	Documented CRC Screening or Refusal	AC CRC Scrn
Tobacco Cessation	Documented Tobacco Cessation Counseling or Refusal	AC Tobacco Cess
Alcohol Screening (FAS Prevention)	Documented Alcohol Screening	AC Alcohol Scrn
Intimate Partner (Domestic) Violence Screening	Documented IPV/DV Screening	AC IPV/DV Scrn
Depression Screening	Documented Depression Screening/Mood Disorder DX (Active Clinical 18+ Patients Only)	AC Depr Scrn
Cardiovascular Disease and Cholesterol Screening	Documented Cholesterol Screening	AC Cholesterol Scrn
Prenatal HIV Testing	Documented HIV Test or Refusal	AC HIV Test

5.2.3 National GPRA and GPRA Performance Reports Patient Lists

The table below shows the National GPRA and GPRA Performance reports' performance measure topics, their associated met/not met measures, and the content of the patient lists. **NOTE:** A search template may be created for any of the measures listed below using the NST menu option from the National GPRA reports menu.

> **Note**: Not every performance measure topic will have a Met and Not Met patient list option. For example, for patients assessed as obese, users may only print a patient list containing patients meeting the measure.

National GPRA Report Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.)
Diabetes Prevalence	Diabetes DX Ever	List of patients ever diagnosed with diabetes.
Diabetes (DM): Glycemic Control	Documented HbA1c	List of diabetic patients with a documented HbA1c.
	No Documented HbA1c	List of diabetic patients without a documented HbA1c.
	Poor Glycemic Control	List of diabetic patients with poor glycemic control (HbA1c than (>) 9.5).
	Ideal Glycemic Control	List of diabetic patients with ideal glycemic control (HbA1c less than (<) 7).
DM: Blood Pressure Control	BP Assessed	List of diabetic patients who had their BP assessed.
	BP Not Assessed	List of diabetic patients who did not have their BP

National GPRA Report Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.)
		assessed.
	Controlled BP	List of diabetic patients with controlled BP, defined as <130/80.
	Uncontrolled BP	List of diabetic patients with uncontrolled BP, defined as >130/80.
DM: LDL Assessment	LDL Assessed	List of diabetic patients with LDL completed, regardless of result.
	LDL Not Assessed	List of diabetic patients without LDL completed.
DM: Nephropathy Assessment	Nephropathy Assessed	List of diabetic patients with positive urine protein test or, if urine protein test is negative, any microalbuminuria test, regardless of result.
	Nephropathy Not Assessed	List of diabetic patients without positive urine protein test or, if urine protein test is negative, any microalbuminuria test, regardless of result.
DM: Retinopathy	Retinopathy Assessed	List of diabetic patients who received any retinal screening or a documented refusal of a diabetic eye exam.
	Retinopathy Not Assessed	List of diabetic patients who did not receive any retinal screening or a documented refusal of a diabetic eye exam.
Access to Dental Services	Documented Dental Visit	List of patients with documented dental visit or refusal.
	No Documented Dental Visit	List of patients without documented dental visit or refusal.
Dental Sealants	With Dental Sealants	List of patients who received dental sealants during Report period.
Topical Fluoride	With Topical Fluoride Application	List of patients who received at least one topical fluoride application during Report period.
Adult Immunizations: Influenza	Documented Influenza Immunization	List of patients >= 65 yrs or diabetic patients who received or refused an Influenza immunization.
	No Documented Influenza Immunization	List of patients >= 65 yrs or diabetic patients who did not receive or refuse an Influenza immunization.
Adult Immunizations: Pneumovax	Documented Pneumovax Ever	List of patients =>65 yrs or diabetic patients with pneumovax immunization ever or refusal in past year.
	No Documented Pneumovax Ever	List of patients =>65 yrs or diabetic patients without pneumovax immunization ever or refusal in past year.
Childhood Immunizations	Active Clinical Patients With All Documented Childhood Immunizations	List of Active Clinical patients 19-35 months who received the 4:3:1:3:3 combination (4 DTaP, 3 OPV/IPV, 1 MMR, 3 HiB, 3 Hep B).
	Active Clinical Patients Without All Documented Childhood Immunizations	List of Active Clinical patients 19-35 months who have not received the 4:3:1:3:3 combination (4 DTaP, 3 OPV/IPV, 1 MMR, 3 HiB, 3 Hep B). If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient

National GPRA Report Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.)
		only had 2 DTaP, no IZ will be listed for DTaP.
	Active Immunization Package Patients With All Documented Childhood Immunizations	List of Active Immunization Package patients 19-35 months who received the 4:3:1:3:3 combination (4 DTaP, 3 OPV/IPV, 1 MMR, 3 HiB, 3 Hep B).
	Active Immunization Package Patients Without All Documented Childhood Immunizations	List of patients Active Immunization Package patients 19-35 months who have not received the 4:3:1:3:3 combination (4 DTaP, 3 OPV/IPV, 1 MMR, 3 HiB, 3 Hep B). If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 DTaP, no IZ will be listed for DTaP.
	Patients in Active Clinical denominator who are not in Active Immunization Package Patients denominator	List of patients 19-35 months who are in Active Clinical denominator but who are not in Active Immunization Package Patients denominator, with IZ, if any.
Cancer Screening: Pap Smear Rates	Documented Pap Smear or Refusal	List of female patients with a Pap Smear documented in the past 3 years or refusal in past year.
	No Documented Pap Smear or Refusal	List of female patients without a Pap Smear documented in the past 3 years or refusal in past year.
Cancer Screening: Mammogram Rates	Documented Mammogram or Refusal	List of female patients with a Mammogram documented in the past 2 years or refusal in past year.
	No Documented Mammogram or Refusal	List of female patients without a Mammogram documented in the past 2 years or refusal in past year.
Colorectal Cancer Screening	Documented CRC Screening or Refusal	List of patients 51-80 with CRC screening or refusal.
	No Documented CRC Screening or Refusal	List of patients 51-80 without CRC screening or refusal.
Tobacco Use and Exposure Assessment	Documented Tobacco Screening	List of patients with documented tobacco screening.
	No Documented Tobacco Screening	List of patients without documented tobacco screening.
	Documented Tobacco Screening and Assessed as Tobacco User	List of patients identified as current tobacco users, both smokers and smokeless users.
Tobacco Cessation	Tobacco Users w/cessation counseling or refusal	List of tobacco users with documented tobacco cessation counseling or refusal.
	Tobacco Users w/o documented cessation counseling/refusal	List of tobacco users without documented tobacco cessation counseling or refusal.
	List of tobacco users who quit tobacco use.	List of tobacco users who quit tobacco use.

National GPRA Report Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.)
Alcohol Screening (FAS Prevention)	Documented Alcohol Screening/Refusal	List of female patients with documented screening.
	No Documented Alcohol Screening/Refusal	List of female patients without documented screening.
Intimate Partner (Domestic) Violence Screening	Documented IPV/DV Screening	List of patients with documented IPV/DV screening or refusal.
	No Documented IPV/DV Screening	List of patients without documented IPV/DV screening or refusal.
Depression Screening	Documented Depression Screening (=>18 AC or Diabetic Pts)	List of Active Clinical patients =>18 or patients with diabetes screened for depression /diagnosed with mood disorder.
	No Documented Depression Screening (=>18 AC or Diabetic Pts)	List of Active Clinical patients =>18 or patients with diabetes not screened for depression/diagnosed with mood disorder.
Obesity Assessment	Documented Obesity Screening	List of patients with documented obesity screening.
	No Documented Obesity Screening	List of patients without documented obesity screening.
	Assessed as Obese	List of patients assessed as obese using BMI and standard tables.
Childhood Weight Control	List of patients ages 2-5 with BMI =>95%	List of patients ages 2-5 with BMI =>95% (i.e. overweight).
CVD and Cholesterol Screening	Documented Cholesterol Screening	List of patients screened in past 5 years.
	No Documented Cholesterol Screening	List of patients not screened in past 5 years.
CVD and Blood Pressure Control	BP Assessed	List of Active Clinical patients =>20 or who have IHD who had their BP assessed twice in past two yrs.
	BP Not Assessed	List of Active Clinical patients =>20 or who have IHD who have not had their BP assessed twice in past two yrs.
	Normal BP	List of Active Clinical patients =>20 or who have IHD who have normal BP.
	Uncontrolled BP	List of Active Clinical patients =>20 or who have IHD who have uncontrolled BP.
Comprehensive CVD-Related Assessment	List of Active Clinical Pts =>46 w/no DM DX with all assessments	List of Active Clinical Pts =>46 w/no DM DX with all assessments
	List of Active Clinical Pts =>46 w/no DM DX w/o all assessments	List of Active Clinical Pts =>46 w/no DM DX without all assessments
Beta-Blocker Treatment After a Heart Attack	Documented Beta-Blocker Prescription	List of Active Clinical Pts =>35 discharged for AMI with beta-blocker prescription.
	No Documented Beta-	List of Active Clinical Pts =>35 discharged for AMI

National GPRA Report Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.)
	Blocker Prescription	without beta-blocker prescription.
Persistence of Beta-Blocker Treatment After a Heart Attack	Documented 180-day Beta-Blocker Treatment	List of Active Clinical Pts =>35 discharged for AMI with 180-day beta-blocker treatment.
	No Documented 180-day Beta-Blocker Treatment	List of Active Clinical Pts =>35 discharged for AMI without 180-day beta-blocker treatment.
Cholesterol Management for Patients with Cardiovascular Conditions	LDL Assessed	List of Active Clinical Pts 18-75 with DX of AMI, CABG, PTCA, or IVD with LDL completed, regardless of result.
	No LDL Assessed	List of Active Clinical Pts 18-75 with DX of AMI, CABG, PTCA, or IVD without LDL completed.
	LDL <=100	List of Active Clinical Pts 18-75 with DX of AMI, CABG, PTCA, or IVD with LDL <=100.
	LDL 101-130	List of Active Clinical Pts 18-75 with DX of AMI, CABG, PTCA, or IVD with LDL 101-130.
	LDL >130	List of Active Clinical Pts 18-75 with DX of AMI, CABG, PTCA, or IVD with LDL >130.
Prenatal HIV Testing	Documented HIV Test or Refusal	List of pregnant patients with documented HIV test or refusal in past 20 months.
	No Documented HIV Test or Refusal	List of pregnant patients without documented HIV test or refusal in past 20 months.
Prediabetes/ Metabolic Syndrome	With All Assessments	List of Active Clinical Pts =>18 w/Prediabetes/Metabolic Syndrome with all assessments.
	Without All Assessments	List of Active Clinical Pts =>18 w/Prediabetes/Metabolic Syndrome without all assessments.
Public Health Nursing	Documented PHN Visit(s) in Any Setting, including Home	List of patients with a PHN visit(s) in any setting, including Home.
	Documented PHN Visit(s) in Home Setting	List of patients with a PHN visit(s) in Home setting.

5.2.4 Selected Measures Report: Diabetes-Related

Performance Measure Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Diabetes Prevalence	All denominators	All numerators
Diabetes Comprehensive Care	Active Diabetic Patients	All numerators
Diabetes (DM): Glycemic Control	All denominators	All numerators
DM: Blood Pressure Control	All denominators	All numerators
DM: Lipids Assessment	All denominators	All numerators
DM: Nephropathy Assessment	All denominators	All numerators
DM: Retinopathy	All denominators	All numerators
Diabetic Access to Dental Services	Active Diabetic patients	All numerators
Adult Immunizations: Influenza	Active Diabetic patients	All numerators
Adult Immunizations: Pneumococcal	Active Diabetic patients	All numerators
Depression Screening	Active Diabetic patients	All numerators
Nutrition and Exercise Education for At Risk Patients	Active Diabetic patients, broken down by gender and age groups	All numerators
Comprehensive CVD-Related Assessment	Active Diabetic patients ages 46 and older	All numerators

5.2.5 Selected Measures Report: CVD Prevention for At-Risk Patients

Performance Measure Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Tobacco Assessment	1) Active Clinical patients ages 45 and older, broken down by gender	1) Patients who have been screened for tobacco use 2) Patients identified as current smokers
Depression Screening	Patients with ischemic heart disease and at least two IHD-related visits during the Report period, broken down by gender	All numerators
Obesity Assessment	1) Active Clinical patients ages 20-74 with BMI calculated, broken down by gender	Patients considered obese using BMI and standard tables
CVD and Cholesterol Screening	All denominators	All numerators
CVD and Blood Pressure Control	All denominators	All numerators
Controlling High Blood Pressure	1) Active Clinical patients ages 46-85 diagnosed with hypertension, broken down by gender.	All numerators
Comprehensive CVD-Related Assessment	All denominators	All numerators
Beta-Blocker Treatment After a Heart Attack	All denominators	All numerators
Persistence of Beta-Blocker Treatment After a Heart Attack	All denominators	All numerators
Cholesterol Management for Patients with Cardiovascular Conditions	All denominators	All numerators

5.2.6 Selected Measures Report: Women's Health Related

Performance Measure Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Cancer Screening: Pap Smear Rates	All denominators	All numerators
Cancer Screening: Mammogram Rates	All denominators	All numerators

Performance Measure Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Colorectal Cancer Screening	Female Active Clinical patients age 51-80 without a documented history of colorectal cancer	All numerators
Tobacco Use	1) Female Active Clinical patients ages 5 and older, broken down by age 2) Pregnant patients 3) Female User Population patients ages 5 and older	All numerators
Alcohol Screening (FAS Prevention)	All denominators	All numerators
Intimate Partner/Domestic Violence Screening	All denominators	All numerators
Depression Screening	1) Female Active Clinical =>18 2) Female Active Clinical =>65 3) Female User Population =>18 4) Female User Population =>65 5) Female Active Diabetic 6) Female IHD	All numerators
Obesity	1) Female Active Clinical patients ages 2-74, broken down by age 2) Female User Population patients ages 2-74	All numerators
CVD and Cholesterol Screening	Female Active Clinical patients ages 23+	All numerators
Controlling High Blood Pressure	1) Female Active Clinical patients ages 46 through 85 diagnosed with hypertension.	All numerators
Prenatal HIV Testing	All denominators	All numerators
Chlamydia Testing	All denominators	All numerators
Osteoporosis Management	All denominators	All numerators
Osteoporosis Screening in Women	All denominators	All numerators

5.2.7 Selected Measures Reports Patient Lists

Performance Measure Topic	Patient List
Diabetes Prevalence	List of diabetic patients with most recent diagnosis.
Diabetes Comprehensive Care	List of diabetic patients with documented tests, if any.
Diabetes: Glycemic Control	List of diabetic patients with most recent A1c value, if any.
Diabetes: Blood Pressure Control	List of diabetic patients with mean BP, if any.
Diabetes: Lipids Assessment	List of diabetic patients with documented LDL values.
Diabetes: Nephropathy Assessment	List of patients with denominator identified, tests & values if any.
Diabetic Retinopathy	List of diabetic patients with eye exam status, if any.
Diabetes: Access to Dental Services	List of diabetic patients and documented dental visit or refusal, if any.
Access to Dental Services	List of patients with documented dental visit or refusal and date.
Dental Sealants	List of patients receiving sealants during Report period.
Topical Fluoride	List of patients who received at least one topical fluoride application during Report period.
Adult Immunizations: Influenza	List of patients >= 50 yrs or DM DX with influenza code or refusal and date, if any.
Adult Immunizations: Pneumovax	List of patients =>65 yrs or DM DX with pneumovax code or refusal and date, if any.
Childhood Immunizations	List of patients 19-35 months with IZ, if any. If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 DTaP, no IZ will be listed for DTaP.
Adolescent Immunizations	List of patients 13 and older with IZ, if any. If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 Hep B, no IZ will be listed for Hep B.
Appropriate Treatment for Children with Upper Respiratory Infection	List of patients 3 months to 18 years with upper respiratory infection, with antibiotic prescription, if any.
Appropriate Testing for Children with Pharyngitis	List of patients 2-18 years with pharyngitis and a Group A Strep test, if any.
Cancer Screening: Pap Smear Rates	List of women 21-64 with documented test/refusal, if any.
Cancer Screening: Mammogram Rates	List of women 52-64 with mammogram/refusal, if any.
Colorectal Cancer Screening	List of patients 51-80 and CRC screening/refusal, or rectal exam/refusal, if any.
Tobacco Use and Exposure Assessment	List of patients 5 and older with no documented tobacco screening.

Performance Measure Topic	Patient List
Tobacco Cessation	List of tobacco users with tobacco cessation counseling, if any, or who have quit tobacco use.
Alcohol Screening (FAS Prevention)	List of female patients with no documented screening or refusal.
Intimate Partner (Domestic) Violence Screening	List of patients not screened.
Depression Screening	List of patients not screened for depression/diagnosed with mood disorder.
Antidepressant Medication Management	List of patients with new depression DX and optimal practitioner contact (OPC), acute phase treatment (APT) and continuation phase treatment (CONPT), if any.
Obesity Assessment	List of patients for whom BMI could NOT be calculated.
Childhood Weight Control	List of patients ages 2-5, with current BMI.
Nutrition and Exercise Education for at Risk Patients	List of at risk patients, with education if any.
Cardiovascular Disease and Cholesterol Screening	List of patients screened with cholesterol or LDL value, if any.
Cardiovascular Disease and Blood Pressure Control	List of Patients => 20 w/ denominator identified & mean BP, if any.
Controlling High Blood	List of patients with hypertension and BP value, if any.
Comprehensive CVD-Related Assessment	List of patients with assessments received, if any.
Beta-Blocker Treatment After a Heart Attack	List of patients with AMI, with beta-blocker prescription, if any.
Persistence of Beta-Blocker Treatment After a Heart Attack	List of patients with AMI, with all beta-blocker prescriptions during the 180-day timeframe, if any.
Cholesterol Management for Patients with Cardiovascular Conditions	List of patients with AMI, CABG, PTCA, or IVD w/LDL value, if any.
Prenatal HIV Testing	List of pregnant patients without documented HIV test or refusal in past 20 months.
Chlamydia Testing	List of patients with documented screening, if any.
Osteoporosis Management	List of female patients with new fracture who have had osteoporosis treatment or testing, if any.
Osteoporosis Screening in Women	List of female patients ages 65 and older with osteoporosis screening, if any.
Rheumatoid Arthritis Medication Monitoring	List of RA patients 16 and older prescribed maintenance therapy medication with monitoring lab tests, if any. The numerator values for patients who meet the measure are prefixed with “YES:” and patients who did not meet the measure are prefixed with “NO:”. The chronic medications and all lab tests the patient DID have are displayed.
Osteoarthritis Medication Monitoring	List of OA patients 40 and older prescribed maintenance therapy medication with monitoring lab tests, if any. The numerator values for patients who meet the measure are prefixed with “YES:” and patients who did not meet the measure are prefixed with “NO:”. All lab tests

Performance Measure Topic	Patient List
	the patient DID have are displayed.
Asthma	List of patients diagnosed with asthma and any asthma-related hospitalizations.
Asthma Quality of Care	List of asthmatic patients with primary asthma therapy medications, if any.
Asthma and Inhaled Steroid Use	List of patients with asthma with inhaled corticosteroid prescription, if any.
Chronic Kidney Disease Assessment	List of patients with Creatinine test, with GFR and value, if any.
Prediabetes/Metabolic Syndrome	List of patients 18 and older with Prediabetes/Metabolic Syndrome with assessments received, if any.
Medications Education	List of patients receiving medications with med education, if any.
Public Health Nursing	List of patients with PHN visits documented. Numerator codes in patient list: All PHN = Number of PHN visits in any setting; Home = Number of PHN visits in home setting; Driver All = Number of PHN driver/interpreter visits in any setting; Driver Home = Number of PHN driver/interpreter visits in home setting.

5.2.8 CMS Performance Report and Patient Lists

As mentioned in section 5.1.3, the CMS Performance report is unlike any other report in CRS in that it does not include denominators and numerators and measure rates. It does contain patient lists; however, they are formatted differently than all other CRS patient lists. The content of this report and the patient lists are shown below.

CMS Quality Measure	Patient List
Heart Attack (AMI) (8 measures: AMI-1 through AMI-8a)	List of all patients discharged with Acute Myocardial Infarction (AMI) diagnosis.
	List of all patients discharged with Acute Myocardial Infarction (AMI) diagnosis who were not excluded based on RPMS logic, w/related RPMS data.
Heart Failure (HF) (4 measures: HF-1 through HF-4)	List of all patients discharged with Heart Failure diagnosis.
	List of all patients discharged with Heart Failure diagnosis who were not excluded based on RPMS logic, w/related RPMS data.
Pneumonia (PN) (5 measures: PN-1 through PN-5b)	List of all patients discharged with Pneumonia diagnosis.
	List of all patients discharged with Pneumonia diagnosis who were not excluded based on RPMS logic, w/related RPMS data.

5.2.9 Elder Care Report

Performance Measure Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Diabetes Prevalence	User Population 55+, broken down by gender and age groups	1) Diabetes diagnosis ever 2) Diabetes diagnosis during prior year
Diabetes (DM): Glycemic Control	Active Diabetic patients 55+, broken down by age groups	1) With Hemoglobin A1c, any value 2) With GPRA-defined Poor control (>9.5) 3) With Very Poor control (>=12) 4) With Poor control (>9.5 and <12) 5) With Fair control (=>8 and =>9.5) 6) With Good control (=>7 and <8) 7) With GPRA-defined Ideal control (<7) 8) With Hemoglobin A1c without result
DM: Blood Pressure Control	Active Diabetic patients 55+, broken down by age groups	1) With BP assessed 2) With Controlled BP 3) With Uncontrolled BP
DM: Lipids Assessment	Active Diabetic patients 55+, broken down by age groups	1) With Lipid Profile OR LDL+HDL+TG 2) With LDL, any value 3) With LDL <130 4) With LDL <=100 5) With LDL 101-129
DM: Nephropathy Assessment	Active Diabetic patients 55+, broken down by age groups	1) Patients with positive urine protein/ microalbuminuria/ESRD. 2) Patients with Estimated GFR with result. 3) Patients who have had 1) positive urine protein/microalbuminuria/ESRD AND 2) an Estimated GFR with result.
DM: Retinopathy	Active Diabetic patients 55+, broken down by age groups	1) With any retinal screening A) With diabetic retinal exam B) With other eye exam
Diabetic Access to Dental Services	Active Diabetic patients 55+, broken down by age groups	1) With documented dental exam or refusal A) With refusal in past year
Access to Dental Services	User Population 55+, broken down by age groups	1) With documented dental exam or refusal A) With refusal in past year
Adult IZ: Influenza	Active Clinical patients 55+, broken down by age groups	1) With influenza vaccination or refusal 2) With refusal in past year
Adult IZ: Pneumovax	Active Clinical patients 55+, broken down by age groups	1) With pneumovax ever or refusal in past year 2) With refusal in past year
Cancer Screening: Mammogram Rates	Female Active Clinical patients 55+, broken down by age groups	1) With documented mammogram in past 2 years or refusal in past year A) With refusal in past year

Performance Measure Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Colorectal Cancer Screening	Active Clinical patients 55+, broken down by gender and age groups	1) With CRC screening (time period dependent upon type of CRC screening) or refusal in past year 2) With refusal in past year 3) With FOBT in past 2 years 4) With rectal in past 2 years
Tobacco Use Assessment	Active Clinical patients 55+, broken down by gender and age groups	1) Screened for tobacco use 2) Tobacco users A) Smokers B) Smokeless 3) Exposed to environmental tobacco smoke (ETS)
IPV/DV Screening	Female Active Clinical patients 55+, broken down by age groups	1) With documented IPV/DV screen or refusal A) With IPV/DV exam B) With IPV/DV DX C) With IPV/DV education or counseling D) With refusal in past year
Depression Screening	Active Clinical patients 55+, broken down by gender and age groups	1) With depression screening or diagnosed with mood disorder A) With depression screening B) With mood disorder diagnosis C) With refusal 2) With depression-related patient education or refusal
Obesity Assessment (BMI)	Active Clinical patients 55+, broken down by age and gender groups	1) With BMI calculated A) With BMI and assessed as overweight B) With BMI and assessed as obese C) Total of overweight and obese D) With refusal
Cardiovascular Disease and Blood Pressure Control	Active Clinical patients 55+, broken down by age and gender groups	1) With BP documented in past 2 years 2) With Normal BP 3) With Pre-hypertension I BP 4) With Pre-hypertension II BP 5) With Stage 1 BP 6) With Stage 2 BP 7) With Systolic HTN
Cardiovascular Disease and Cholesterol Screening	Active Clinical patients 55+, broken down by age and gender groups	1) With blood cholesterol screening in past 5 years 2) With cholesterol >=240 3) With LDL in past 5 years, regardless of result 4) With LDL <=100 5) With LDL 101-130 6) With LDL 131-160 7) With LDL >160

Performance Measure Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Osteoporosis Management	Female Active Clinical patients 55+ with fracture, broken down by age groups	1) Treated or tested for osteoporosis
Osteoporosis Screening in Women	Female Active Clinical patients ages 55 and older without a documented history of osteoporosis, broken down by age groups.	1) Screened for osteoporosis in past 2 years or refusal in past year A) With refusal
Osteoarthritis Medication Monitoring	Active Clinical patients ages 55 and older diagnosed with osteoarthritis, broken down by age groups	Patients who received appropriate monitoring of medication during the Report Period.
Functional Status	Active Clinical patients 55+, broken down by age and gender groups	1) With functional status screening
Asthma	1) Active Clinical patients 55+, broken down by age groups 2) From numerator 1	1) With 2 asthma-related visits or categorized in ARS as persistent 2) Hospitalized for asthma
Public Health Nursing		1) Number of visits by PHNs in any setting, patients ages 55+ A) Ages 55-64 B) Ages 65-74 C) Ages 75-84 D) Ages 85+ E) PHN driver/interpreter 2) Number of visits by PHNs in Home setting A) Ages 55-64 B) Ages 65-74 C) Ages 75-84 D) Ages 85+ E) PHN driver/interpreter

5.2.10 Elder Care Report Patient Lists

Performance Measure Topic	Patient List
Diabetes Prevalence	List of diabetic patients =>55 with most recent diagnosis
Diabetes: Glycemic Control	List of diabetic patients =>55 with denominator identified & most recent A1c value, if any.
Diabetes: Blood Pressure Control	List of diabetic patients =>55 with denominator identified & mean BP, if any.
Diabetes: Lipids Assessment	List of diabetic patients =>55 with denominator identified & documented LDL values.
Diabetes: Nephropathy Assessment	List of patients =>55 with denominator identified, tests & values if any.

Performance Measure Topic	Patient List
Diabetic Retinopathy	List of diabetic patients =>55 with denominator identified & eye exam status, if any.
Diabetes: Access to Dental Services	List of diabetic patients =>55 and documented dental visit or refusal, if any.
Access to Dental Service	List of patients =>55 with documented dental visit or refusal and date.
Adult Immunizations: Influenza	List of patients =>55 with Influenza code and date, if any.
Adult Immunizations: Pneumovax	List of patients =>55 with Pneumovax code and date, if any.
Cancer Screening: Mammogram Rates	List of female patients =>55 with mammogram/refusal, if any.
Colorectal Cancer Screening	List of patients =>55 with CRC screening/refusal, or rectal exam/refusal, if any.
Tobacco Use and Exposure Assessment	List of patients =>55 with no documented tobacco screening.
Intimate Partner (Domestic) Violence Screening	List of patients =>55 not screened and without documented refusal.
Depression Screening	List of patients =>55 not screened for depression/diagnosed with mood disorder.
Obesity Assessment	List of patients 55-74 for whom BMI could NOT be calculated.
Cardiovascular Disease and Blood Pressure Control	List of patients =>55 with denominator identified & mean BP, if any.
Cardiovascular Disease and Cholesterol Screening	List of patients =>55 with cholesterol or LDL value if any.
Osteoporosis Management	List of female patients =>55 with new fracture who had osteoporosis treatment or testing, if any.
Osteoporosis Screening in Women	List of female patients ages 55 and older with osteoporosis screening, if any.
Osteoarthritis Medication Monitoring	List of OA patients 55 and older prescribed maintenance therapy medication with monitoring lab tests, if any. The numerator values for patients who meet the measure are prefixed with YES: and patients who did not meet the measure are prefixed with NO:. All lab tests the patient DID have are displayed.
Functional Status	List of patients =>55 with functional status codes, if any.
Asthma	List of patients =>55 diagnosed with asthma and any asthma-related hospitalizations.
Public Health Nursing	List of patients =>55 with PHN visits documented. Numerator codes in patient list: All PHN = Number of PHN visits in any setting; Home = Number of PHN visits in home setting; Driver All = Number of PHN driver/interpreter visits in any setting; Driver Home = Number of PHN driver/interpreter visits in home setting.

5.2.11 HEDIS Performance Report

Performance Measure Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Childhood Immunizations	Active Clinical patients ages 19-35 months	1) With 4 DTaP 2) With 3 Polio (OPV/IPV) 3) With 1 MMR 4) With 3 HiB 5) With 3 Hepatitis B 6) With 1 Varicella 7) With 4:3:1:3:3:1 combo 8) Patients who have received all of their childhood immunizations
Adolescent Immunization Status	Active Clinical patients age 13	1) With 2 MMR 2) With 3 Hep B 3) With 1 Varicella 4) With 2 MMR, 3 Hep B, and 1 Varicella combo
Appropriate Treatment for Children with Upper Respiratory Infection	Active Clinical patients ages 3 months through 18 years diagnosed with an upper respiratory infection	Patients NOT prescribed an antibiotic on or within three days after diagnosis
Appropriate Testing for Children with Pharyngitis	Active Clinical patients ages 2-18 years diagnosed with pharyngitis and prescribed an antibiotic	Patients who received a Group A strep test.
Colorectal Cancer Screening	Active Clinical patients ages 51-80 without a documented history of colorectal cancer	Patients who have had ANY CRC screening (time period dependent upon type of CRC screening) or a refusal in the past year.
Breast Cancer Screening	Female Active Clinical patients ages 52 through 69 without a documented history of bilateral mastectomy or two separate unilateral mastectomies	Patients with a Mammogram documented in the past 2 years, including documented refusals in past year.
Cervical Cancer Screening	Female Active Clinical patients ages 21 through 64 without a documented history of hysterectomy	Patients with a Pap Smear documented in the past 3 years, including refusals in past year.
Chlamydia Screening in Women	Female Active Clinical patients ages 16 through 25, broken down by age groups	Patients with documented Chlamydia test in past year.
Osteoporosis Management in Women Who Had a Fracture	Female Active Clinical patients ages 67 and older who had a new fracture	Patients treated or tested for osteoporosis after the fracture.
Controlling High Blood Pressure	Active Clinical patients ages 46 through 85 diagnosed with hypertension	1) With BP value 2) With controlled blood pressure, defined as <= 140/90

Performance Measure Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Beta-Blocker Treatment After a Heart Attack	Active Clinical patients 35 and older discharged for an AMI, broken out by gender	Patients with active prescription for beta-blockers
Persistence of Beta-Blocker Treatment After a Heart Attack	Active Clinical patients 35 and older diagnosed with an AMI, broken out by gender	Patients with a 180-day course of treatment with beta-blockers
Cholesterol Management for Patients with Cardiovascular Conditions	Active Clinical patients ages 18 to 75 who, during the first 10 months of the year prior to the beginning of the Report period, were diagnosed with AMI, CABG, PTCA, or IVD, broken down by gender	1) With LDL regardless of value 2) With LDL =<100 3) With LDL 101-130 4) With LDL >130
Comprehensive Diabetes Care	Active Diabetic patients	1) With Hemoglobin A1c, any value 2) With HbA1c defined as Poor control (Poor and Very Poor) 3) With LDL, any value 4) With controlled LDL, <130 5) With retinal eye exam 6) Monitored for kidney disease 7) Patients who have had all of the above (1-6)
Use of Appropriate Medications for People with Asthma	Active Clinical patients ages 5-56 with persistent asthma, broken down by age groups	With Rx for primary asthma therapy medication
Antidepressant Medication Management	Active Clinical patients 18 years and older who were diagnosed with a new episode of depression and treated with antidepressant medication in the past year.	1) With at least three mental health visits within 12 weeks after diagnosis 2) With separate prescriptions/ refills of antidepressant medication for continuous treatment of at least 84 days 3) With separate prescriptions/ refills of antidepressant medication treatment to provide continuous treatment for at least 180 days
Medical Assistance with Smoking Cessation	Active Clinical patients identified as tobacco users	1) Advised to quit smoking or refusal in past year 2) Received information on smoking cessation medications or refusal in past year
Flu Shots for Adults Ages 50-64	Active Clinical patients ages 50 through 64	1) With documented influenza vaccine or Refusal in past year
Flu Shots for Older Adults	Active Clinical patients ages 65 and older	1) With documented influenza vaccine or Refusal in past year
Pneumonia Vaccination Status for Older Adults	Active Clinical patients ages 65 and older	1) With documented Pneumovax ever or Refusal in past year

Performance Measure Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Annual Dental Visit	1) User Population patients ages 3 through 21, broken down by age group 2) Active diabetic patients	1) With documented dental visit or Refusal in past year

5.2.12 HEDIS Report Patient Lists

Performance Measure Topic	Patient List
Childhood Immunization Status	List of patients without ALL childhood immunizations, indicating which immunizations not received.
Adolescent Immunization Status	List of patients without ALL adolescent immunizations, indicating which immunizations not received.
Appropriate Treatment for Children with Upper Respiratory Infection	List of patients 3 months to 18 years with upper respiratory infection, with antibiotic prescription, if any.
Appropriate Testing for Children with Pharyngitis	List of patients 2-18 years with pharyngitis and a Group A Strep test, if any.
Colorectal Cancer Screening	List of patients 51-80 and CRC screening test/date, if any.
Breast Cancer Screening (Mammogram)	List of women 52-69 with mammogram/refusal, if any.
Cervical Cancer Screening (Pap Smear)	List of women 21-64 with documented test/refusal, if any.
Chlamydia Screening in Women	List of patients with no documented screening.
Osteoporosis Management in Women Who Had a Fracture	List of female patients with osteoporosis treatment or testing, if any.
Controlling High Blood Pressure	List of patients with hypertension and BP value, if any.
Beta-Blocker Treatment After a Heart Attack	List of patients with AMI, with beta-blocker prescription, if any.
Persistence of Beta-Blocker Treatment After a Heart Attack	List of patients with AMI, with all beta-blocker prescriptions during the 180-day timeframe, if any.
Cholesterol Management for Patients with Cardiovascular Conditions	List of patients with AMI, CABG, PTCA, or IVD w/LDL value, if any.
Comprehensive Diabetes Care	List of diabetic patients w/documented tests, if any.
Use of Appropriate Medications for People with Asthma	List of asthmatic patients with primary asthma therapy medications, if any.
Antidepressant Medication Management	List of patients with new depression DX and optimal practitioner contact (OPC), acute phase treatment (APT) and continuation phase treatment (CONPT), if any.
Medical Assistance with Smoking Cessation	List of tobacco users with counseling, if any.
Flu Shots for Adults Ages 50-64	List of patients ages 50-64 w/ IZ code/date, if any.

Performance Measure Topic	Patient List
Flu Shots for Older Adults	List of patients =>65 yrs w/ IZ code/date, if any.
Pneumonia Vaccination Status for Older Adults	List of patients =>65 yrs w/ IZ code/date, if any.
Annual Dental Visit	List of patients with documented dental visit only.

5.3 Report Formats

5.3.1 Report Cover Page Format

The Cover Page for each report appears in the following basic format (Figure 5-1 below with key elements described).

❶ **Report Type:** the top line of the cover page describes the report type, e.g., National GPRA, HEDIS Performance, etc.

❷ **Report Time Periods:** describes the dates included in the Current Report time period, as well as the Previous and Baseline periods. All report periods encompass one year.

❸ **Measures:** describes the measures included in the Report.

❹ **Population:** describes the patient-type population specified by the user for this Report: American Indian and Alaska Native (AI/AN), non-AI/AN or both. **NOTE:** This section is not included on the National GPRA report since the population will always be AI/AN only.

❺ **Run Time:** displays how long this Report took to run, in hours, minutes and seconds. Run time depends on many factors, including RPMS server type and size, number of patients in your RPMS database, and the number of performance measures you are running.

❻ **Denominator Definitions:** describes the definition of the key denominators for the specific report. Definitions are provided on each Cover Page so that any user who runs the report will understand the logic. **NOTE:** The definition of the Active Clinical denominator varies for each of the reports.

❼ **Output File information:** if a user has designated that a delimited file or an Area export file be created, the file name will appear here.

❽ **Community Taxonomy Name**: displays the name of the specific Community Taxonomy specified by the user, and provides the list of all communities and facilities included in the Community taxonomy (see sections 4.1 and 5.1 for discussion about how Community taxonomies are used) selected for this Report will be displayed.

```
❶                              Cover Page
                  *** IHS 2006 Clinical Performance Report ***
                           CRS 2006, Version 6.1
                         Date Report Run: Apr 22, 2006
                         Site where Run: DEMO HOSPITAL
                       Report Generated by: LASTNAME,FIRST
                  Report Period: Jan 01, 2004 to Dec 31, 2004
❷          Previous Year Period:  Jan 01, 2003 to Dec 31, 2003
             Baseline Period:  Jan 01, 2000 to Dec 31, 2000

Measures: Selected Measures (User Defined) ❸
Population: AI/AN Only (Classification 01)  ❹

RUN TIME (H.M.S): 2.15.33          ❺

Denominator Definitions used in this Report:  ❻

ACTIVE CLINICAL POPULATION:
1. Must reside in a community specified in the community taxonomy used for
this report.
2. Must be alive on the last day of the Report period.
3. User defines population: a) Indian/Alaska Natives Only - based on Classification
of 01; b) Non AI/AN (not 01); or c) Both.
4. Must have 2 visits to medical clinics in the 3 years prior to the end
of the Report period. At least one visit must include: 01 General,
06 Diabetic, 10 GYN, 12 Immunization, 13 Internal Med, 20
Pediatrics, 24 Well Child, 28 Family Practice, 57 EPSDT, 70 Women's
Health, 80 Urgent, 89 Evening.  See User Manual for complete description
of medical clinics.

USER POPULATION:
1. Definitions 1-3 above.
2. Must have been seen at least once in the 3 years prior to the end of
the Report period, regardless of the clinic type.

A delimited output file called testlocd                                  ❼
has been placed in the public directory for your use in Excel or some
other software package.
See your site manager to access this file.

          Community Taxonomy Name: GPRA COMMUNITIES DEMO HOSPITAL
          The following communities are included in this report:
❽         COMMUNITY #1              COMMUNITY #2            COMMUNITY #3
          COMMUNITY #4              SITE,RURAL              SITE,URBAN
```

Figure 5-1: Report Cover Page Sample

5.3.2 Report Format

Except for the CMS report, the CRS reports display the following information for each of the three time periods:

- the count of the number of patients in the denominator;
- the count of the number of patients within that denominator who meet the numerator definition;

- the percentage of the total patients in the denominator who meet the numerator, i.e., [Numerator Count] / [Denominator Count] * 100; and
- the change from the Current Report period from either of the past time periods, calculated as an absolute value (see ❾ below).

The following example of a report page from a Selected Measures report (section 6.7) shows the key elements.

❶ **Report Date:** displays the date that the report was run.

❷ **Report Type:** the top line of the cover page describes the report type

❸ **Report Time Periods:** describes the Current Report time period, as well as the Previous and Baseline periods.

❹ **Performance Measure Topic Title:** displays the name of the performance measure topic.

❺ **Denominator Definition(s):** detailed definitions for each denominator for the performance measure topic. The National GPRA report generally has only one denominator. The Selected Measures report may display two or three denominators.

❻ **Numerator Definition(s):** detailed definition of each numerator for the measure topic.

❼ **Performance Measure Logic:** displays detailed definition of how the logic is defined, including RPMS fields and codes that meet the denominator or numerator definitions.

❽ **Performance Measure Description:** the general definition for the performance measure topic. GPRA measure definitions are excerpted directly from the FY06 GPRA Measure definitions (see *Appendix A*).

Performance Measure Goal(s): Details IHS past performance, if any (for GPRA measures), generally displayed as percent (%). Also displays any performance targets established by IHS for FY 2010 or the Healthy People 2010 target (see section 3.1.3 Comparing Ourselves to National Guidelines).

❾ **Current Report Period Change from Past Years:** calculates the change in the percent (%) from either the Previous Year or the Baseline Year to the Current Report period. CRS 2006 uses the absolute difference between the first percentage and the second percentage, e.g., [Report Period %] minus [Base Period %] = Change. The direction of the change is indicated by a "+" (plus) or "-" (minus). The "+" indicates that the Current Report percent is larger than the past period.

WBM Mar 05, 2006 ❶ Page 15

❷ *** IHS 2006 Clinical Performance Report ***
DEMO HOSPITAL
Report Period: Oct 01, 2004 to Sep 30, 2005

❸ Previous Year Period: Oct 01, 2004 to Sep 30, 2004
Baseline Period: Oct 01, 1999 to Sep 30, 2000

---

❹ Cancer Screening: Pap Smear Rates

❺ Denominator(s):
GPRA Denominator: Female Active Clinical patients ages 21 through 64 without documented history of Hysterectomy.
Female User Population patients ages 21 through 64 without a documented history of Hysterectomy.

❻ Numerator(s):
GPRA Numerator: Patients with a Pap Smear documented in the past 3 years, including refusals in past year.
A: Patients with documented refusal in past year.

❼ Age of the patient is calculated at the beginning of the Report period.
Hysterectomy defined as V Procedure: 68.4-68.9 or CPT 51925, 56308 (old code), 58150, 58152, 58200-58294, 58550-54, 58951, 58953-58954, 59135.
Pap Smear definitions: 1) V Lab: Pap Smear; 2) POV: V76.2 Screen Mal Neop-Cervix, V72.31 Routine Gynecological Examination, V72.32 Encounter for Pap Cervical Smear to Confirm Findings of Recent Normal Smear Following Initial Abnormal Smear, V72.3 Gynecological Examination, Pap Cervical Smear as Part of General Gynecological Exam, Pelvic Exam (annual) (periodic) (old code, to be counted for visits prior to 10/1/04 only), V76.47 Vaginal Pap Smear for Post-Hysterectomy Patients, or V76.49 Pap Smear for Women w/o a Cervix ; 3) V Procedure: 91.46; 4) V CPT: 88141-88167, 88174-88175, Q0091 Screening Pap Smear; 5) Women's Health: procedure called Pap Smear; 6) LOINC taxonomy; 7) site-populated taxonomy BGP GPRA PAP SMEAR; 8) Refusal (in past year) Lab Test Pap Smear.

❽ During FY 2006, maintain the proportion of female patients ages 21 through 64 without a documented history of hysterectomy who have had a Pap screen within the previous three years at the FY 2005 level.

IHS Performance – FY 2005 – 60.0%, FY 2004 – 58.0%, FY 2003 - 61%; IHS 2010 Goal: 90%

	REPORT PERIOD	❾ %	PREV YR PERIOD	❾ %	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active Clinical 21-64 years (GPRA)	424		421			416		
# w/Pap Smear recorded w/in 3 years (GPRA)	196	46.2	202	48.0	-1.8	195	46.9	-0.6
A. # Refusals w/ % of Total Pap	0	0.0	0	0.0	+0.0	0	0.0	+0.0

Figure 5-2: Sample Performance Measure Topic Report Page

5.3.3 Summary for National GPRA/GPRA Performance Reports

A Clinical Performance Summary is included at the end of the National GPRA and GPRA Performance reports. The summary displays the site's current, previous and baseline performance results together with the national performance for the previous year and the 2010 goal, either HP 2010 or IHS 2010. Sites can quickly see on which measures they most need to improve. Also included is a "GPRA06 Goal" column so users know what performance IHS has to achieve nationally in order to meet the GPRA measures.

SK Apr 20, 2006 Page 1
*** IHS 2006 National GPRA Clinical Performance Measure Report ***
DEMO HOSPITAL
Report Period: Jul 01, 2005 to Jun 30, 2006
Previous Year Period: Jul 01, 2004 to Jun 30, 2005
Baseline Period: Jul 01, 1999 to Jun 30, 2000

CLINICAL PERFORMANCE SUMMARY

	Site Current	Site Previous	Site Baseline	GPRA06 Goal	Nat'l 2005	2010 Goal
DIABETES						
*Diabetes DX Ever	10.1%	9.6%	8.5%	N/A	11.0%	N/A
*Documented A1c	83.2%	73.2%	84.2%	N/A	78.0%	50.0%
Poor Glycemic Control >9.5	23.9%	14.8%	25.4%	Maintain	15.0%	TBD
Ideal Glycemic Control <7	27.7%	12.8%	23.7%	32.0%	30.0%	40.0%
*BP Assessed	98.1%	91.3%	93.9%	N/A	89.0%	N/A
Controlled BP <130/80	37.4%	32.9%	35.1%	Maintain	37.0%	50.0%
LDL Assessed	39.4%	0.7%	10.5%	56.0%	53.0%	70.0%
Nephropathy Assessed	58.1%	14.1%	0.9%	50.0%	47.0%	70.0%
Retinopathy Exam	57.4%	61.7%	53.5%	@ BASELINE	@50.0%	70.0%
				# Maintain	#50.0%	70.0%
*Depression Assessed	3.9%	4.0%	3.5%	N/A	N/A	N/A
*Influenza Vaccine	76.1%	65.8%	65.8%	N/A	N/A	N/A
*Pneumovax Vaccine Ever	86.5%	84.6%	87.7%	N/A	N/A	N/A
DENTAL						
Dental Access General	16.9%	19.6%	20.1%	Maintain	24.0%	40.0%
Sealants	145	469	420	Maintain	249,882	TBD
Topical Fluoride						
*# Applications	158	157	64	N/A	113,324	N/A
# Patients	120	135	61	Maintain	85,318	TBD
IMMUNIZATIONS						
Influenza 65+	77.4%	67.5%	68.4%	Maintain	59.0%	90.0%
Pneumovax Ever 65+	82.9%	78.1%	75.0%	72.0%	69.0%	90.0%
Childhood 19-35 mos						
*Active Clinical Pts	80.8%	68.9%	66.7%	N/A	N/A	80.0%
Active IMM Pkg Pts	84.0%	0.0%	0.0%	Maintain	&75.0%	80.0%
CANCER-RELATED						
Pap Smear Rates 21-64	62.6%	63.1%	66.7%	Maintain	60.0%	90.0%
Mammogram Rates 52-64	57.0%	52.5%	44.2%	Maintain	41.0%	70.0%
Colorectal Cancer 51-80	14.7%	14.8%	18.4%	Baseline	!23.0%	50.0%
*Tobacco Assessment 5+	3.4%	1.8%	1.5%	N/A	34.0%	N/A
*Tobacco Use Prevalence	50.0%	28.0%	57.1%	N/A	N/A	N/A
Tobacco Cessation	10.4%	0.0%	0.0%	Baseline	N/A	75.0%
BEHAVIORAL HEALTH						
FAS Prevention 15-44	3.9%	3.0%	3.0%	12.0%	11.0%	25.0%
**IPV/DV Screen 15-40	3.8%	1.2%	1.6%	14.0%	13.0%	25.0%
Depression Screen 18+	4.4%	2.9%	2.3%	Baseline	N/A	20.0%

Figure 5-3: Sample Clinical Performance Summary from National GPRA Report, page 1

SK Apr 20, 2006 Page 2

*** IHS 2006 National GPRA Clinical Performance Measure Report ***

DEMO HOSPITAL

Report Period: Jul 01, 2005 to Jun 30, 2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

Baseline Period: Jul 01, 1999 to Jun 30, 2000

CLINICAL PERFORMANCE SUMMARY

	Site Current	Site Previous	Site Baseline	GPRA06 Goal	Nat'l 2005	2010 Goal
CVD-RELATED						
*BMI Measured 2-74	14.8%	15.5%	17.7%	N/A	64.0%	N/A
*Assessed as Obese	34.9%	38.4%	35.7%	N/A	N/A	N/A
Children 2-5 w/BMI =>95%	17.1%	29.3%	11.9%	Baseline	N/A	Reduce 10%
Cholesterol Screening 23+	14.4%	13.5%	9.7%	44.0%	43.0%	80.0%
*BP Assessed 20+	84.1%	84.1%	79.5%	N/A	N/A	95.0%
*With Normal BP	15.3%	16.2%	19.3%	N/A	N/A	N/A
*With Pre-HTN I BP	19.9%	18.3%	18.8%	N/A	N/A	N/A
*With Pre-HTN II BP	27.0%	27.0%	21.5%	N/A	N/A	N/A
*With Stage 1 HTN BP	19.9%	19.7%	17.4%	N/A	N/A	N/A
*With Stage 2 HTN BP	1.9%	2.9%	2.5%	N/A	N/A	N/A
*BP Assessed in IHD Pts	100.0%	100.0%	100.0%	N/A	N/A	95.0%
*With Normal BP	12.0%	24.0%	46.7%	N/A	N/A	N/A
*With Pre-HTN I BP	32.0%	20.0%	13.3%	N/A	N/A	N/A
*With Pre-HTN II BP	24.0%	28.0%	13.3%	N/A	N/A	N/A
*With Stage 1 HTN BP	32.0%	20.0%	20.0%	N/A	N/A	N/A
*With Stage 2 HTN BP	0.0%	8.0%	6.7%	N/A	N/A	N/A
*Comp CVD-related Assessment						
*BP Assessed	87.2%	87.1%	79.8%	N/A	N/A	95.0%
*LDL Assessed	10.9%	0.4%	0.8%	N/A	N/A	85.0%
*Tobacco Assessed	3.5%	0.0%	1.2%	N/A	N/A	50.0%
*BMI Measured	4.3%	7.1%	6.3%	N/A	N/A	45.0%
*Lifestyle Counseling	4.7%	4.7%	11.1%	N/A	N/A	75.0%
*Depression Screen	6.2%	5.1%	4.0%	N/A	N/A	20.0%
*All Assessments	0.4%	0.0%	0.0%	N/A	N/A	15.0%
*Beta-Blocker After AMI 35+	100.0%	0.0%	0.0%	N/A	N/A	N/A
*Persistence of Beta-Blocker After AMI 35+	50.0%	100.0%	100.0%	N/A	N/A	N/A
*LDL after Cardiovascular Event 18-75	41.4%	0.0%	6.3%	N/A	N/A	N/A
*With LDL <=100	3.4%	0.0%	6.3%	N/A	N/A	N/A
*With LDL 101-130	6.9%	0.0%	0.0%	N/A	N/A	N/A
*With LDL >130	3.4%	0.0%	0.0%	N/A	N/A	N/A
OTHER CLINICAL						
Prenatal HIV Testing	72.1%	12.0%	9.3%	55.0%	54.0%	95.0%
*Prediabetes/Met Syndrome All Assessments	16.7%	0.0%	0.0%	N/A	N/A	N/A
*Public Health Nursing	1366	1707	1363	N/A	438,376	N/A

Figure 5-4: Sample Performance Summary Page from National GPRA Report, page 2

```
SK                                Apr 20, 2006                          Page 3
       *** IHS 2006 National GPRA Clinical Performance Measure Report ***
                                DEMO HOSPITAL
                    Report Period: Jul 01, 2005 to Jun 30, 2006
                 Previous Year Period:  Jul 01, 2004 to Jun 30, 2005
                    Baseline Period:  Jul 01, 1999 to Jun 30, 2000
--------------------------------------------------------------------------------
                           CLINICAL PERFORMANCE SUMMARY
                            Site    Site     Site     GPRA06     Nat'l    2010
                           Current Previous Baseline  Goal       2005     Goal
--------------------------------------------------------------------------------

(* - Not GPRA measure for FY 2006)
(@ - National Retinopathy goal/rate)
(# - Designated site goal/rate)
(& - Data source other than CRS)
(! - Included in National GPRA report for 2005 but not GPRA measure in 2005)
(** - Age range for IPV/DV changed from 16-24 to 15-40 in 2005)
```

Figure 5-5: Sample Performance Summary Page from National GPRA Report, page 3

5.3.4 Patient List Formats

Users may select to run Patient Lists for the National GPRA/GPRA Performance reports (LST menu option), any Selected Measures report (COM, PP, or ALL menu options), Elder Care (ELD menu option), and HEDIS reports (HED menu option). Users may also run the Comprehensive National GPRA Patient List. The CMS Performance report automatically includes patient lists.

For all reports except the CMS Performance report, the lists display patients who meet the numerator(s), denominator(s) or both, depending on the type of report run and the performance measure. Patient list options include a random list (10% of the total list), a list by primary care provider, and the entire patient list.

For the National GPRA/GPRA Performance reports patient list, patient lists can be created for one or more performance measure topics at a time. The patient list for these reports allows users to include only patients meeting the measure, not meeting the measure, or both for most performance measures.

For the Comprehensive National GPRA Patient List, the patient list shows all patients included in the National GPRA report and which GPRA measures reported to Congress each patient did not meet.

For the COM, PP, ALL, Elder Care, and HEDIS reports, users select for which performance measure topic(s) they want to run patient lists and do not have the option of choosing to include only patients meeting or not meeting the performance measure.

See section 6.4 for producing the Comprehensive National GPRA Patient List. See section 6.5 for producing patient lists for the National GPRA/GPRA Performance reports. See section 6.7 for a detailed description for producing patient lists for COM, PP, and ALL reports, respectively. See section 6.9 for running a patient list for the Elder Care report. See section 6.10 for instructions on producing a patient list for the HEDIS report.

Patient Lists are organized by 1) Community; 2) gender; 3) age; and 4) last name.

Key elements of the Patient List format are described below. The format for all Patient Lists will be the same, except as specifically noted below.

❶ **Report Type:** indicates "Patient List" as the report type.

❷ **Patient List Type:** displays whether the Patient List is a "Random Patient List," "Patient List by Provider," or "All Patients," depending on which option the user selected.

❸ **List Description:** describes which patients will be included on the list. In the example below, the Patient List contains:

- the Performance Measure Title and the Patient List title, which in the example below is all patients in either of the two denominators (women ages 21 through 64 at the beginning of the Report period).
- the denominator type the patient belongs to (e.g., "UP" (User Population) or "AC" (Active Clinical));
- the date that a test meeting the numerator definition was performed, if any; and the test code.

❹ **List Columns:** all patient lists contain the following columns of information: *patient name* displayed as Last, First; the patient's *Health Record Number* (HRN); the *Community* name; the patient's *gender*, e.g., M or F; the patient's *age (as of the first day of the Report period)*; and denominator and numerator information (see ❻ and ❼ below). Patient Lists are organized by 1) Community; 2) gender; 3) age; and 4) last name

❺ **Age Column:** displays the age of the patient at the beginning of the Report period.

❻ **Denominator Column:** for most patient lists, displays which denominator the patient is a member of (e.g., "AC" for Active Clinical). For measures that provide only a count for the numerator and use no denominator, such as the Dental Sealants measure, the denominator values will be blank.

❼ **Numerator Value Column:** displays different information about the numerator, such as the date a test was given and the test code, whether a health factor or patient education code was recorded, etc. In the example below, the value column identifies the date a Pap smear was documented and the test code. If no date and code information is displayed, this patient is counted in the denominator only, not in the numerator. **NOTE:** This column is not included in the Comprehensive National GPRA Patient List report. Instead, it has a Measure Not Met column (see #8 below). In addition, the performance measures are not listed separately; each patient is listed

only once with all the measures s/he did not meet indicated in the Measure Not Met column.

❸ **Measure Not Met Column:** displayed only for the Comprehensive National GPRA Patient List. Displays all of the applicable National GPRA report measures a patient did not meet. If there are more measures than can be listed within this column, the measures will be wrapped to the next line, starting in the Patient Name column.

```
***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT *****
   XYZ                            Apr 14, 2006                          Page 116

     ❶       ***  FY06 Clinical Performance Measure Patient List  ***
                                DEMO HOSPITAL
                      Report Period: Jan 01, 2006 to Dec 31, 2006
      ❷                          Entire Patient List
--------------------------------------------------------------------------------
Cancer Screening: Pap Smear Rates

Denominator(s):
GPRA Denominator: Female Active Clinical patients ages 21 through 64
without documented history of Hysterectomy.
Female User Population patients ages 21 through 64 without a
documented history of Hysterectomy.

Numerator(s):
Patients with a Pap Smear documented in the past 3 years, including refusals in past
year.
A: Patients with documented refusal in past year.

Age of the patient is calculated at the beginning of the Report period.
Hysterectomy defined as V Procedure: 68.4-68.9 or CPT 51925, 56308 (old
code), 58150, 58152, 58200-58294, 58550-54, 58951, 58953-58954, 59135.
Pap Smear definitions: 1) V Lab: Pap Smear; 2) POV: V76.2 Screen Mal
Neop-Cervix, V72.31 Routine Gynecological Examination, V72.32 Encounter
for Pap Cervical Smear to Confirm Findings of Recent Normal Smear
Following Initial Abnormal Smear, V72.3 Gynecological Examination, Pap
Cervical Smear as Part of General Gynecological Exam, Pelvic Exam
(annual) (periodic) (old code, to be counted for visits prior to 10/1/04
only), V76.47 Vaginal Pap Smear for Post-Hysterectomy Patients, or V76.49
Pap Smear for Women w/o a Cervix ; 3) V Procedure: 91.46; 4) V CPT:
88141-88167, 88174-88175, Q0091 Screening Pap Smear; 5) Women's Health:
procedure called Pap Smear; 6) LOINC taxonomy; 7) site-populated taxonomy
BGP GPRA PAP SMEAR; 8) Refusal (in past year) Lab Test Pap Smear.

During FY 2006, maintain the proportion of female patients ages 21
through 64 without a documented history of hysterectomy who have had a
Pap screen within the previous three years at the FY 2005 level.

IHS Performance – FY 2005 – 60.0%, FY 2004 – 58.0%, FY 2003 – 61%; IHS
2010 Goal: 90%

❸Cancer Screening: Pap Smear Rates:  List of women 21-64 with documented
test/refusal, if any.

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic;
PREG=Pregnant Female; IMM=Active IMM Pkg Pt
                ❹                                  ❺     ❻              ❼
PATIENT NAME            HRN    COMMUNITY     SEX AGE   DENOMINATOR   NUMERATOR VALUE
--------------------------------------------------------------------------------
PATIENT,VERONICA ROSE   999999 COMMUNITY #1    F   21  UP,AC         05/22/04 V76.2
PATIENT,RENEE           888888 COMMUNITY #2    F   21  UP,AC         06/14/05 88164
PATIENT,SYDNEY          777777 COMMUNITY #2    F   23  UP,AC         06/26/05 V76.49
PATIENT,GRETA           666666 COMMUNITY #2    F   23  UP
PATIENT,MARILYN         444444 COMMUNITY #2    F   26  UP,AC         03/15/06 ref
PATIENT,EUNICE          000002 COMMUNITY #2    F   45  UP,AC         05/16/04 Lab
```

Figure 5-6: Sample Patient List

```
***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT *****
SK                              Apr 25, 2006                        Page 8

            ***  IHS Comprehensive National GPRA Patient List  ***
         *** List of Patients not meeting a National GPRA measure  ***
                           CRS 2006, Version 6.1
                               DEMO HOSPITAL
                  Report Period: Jul 01, 2005 to Jun 30, 2006
                                All Patients

--------------------------------------------------------------------------------
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt
                 ❹                                ❺      ❻               ❽
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR MEASURE NOT MET
--------------------------------------------------------------------------------
YAZZIE,PATIENT          000001 COMMUNITY #1   F  15  UP,AC       Dental Visit, AC
Alcohol Scrn, AC IPV/DV Scrn
KESSINGER,PATIENT       000002 COMMUNITY #1   F  15  UP          Dental Visit
LEWIS,PATIENT           000003 COMMUNITY #1   F  16  UP          Dental Visit
CHASE,PATIENT           000004 COMMUNITY #1   F  16  UP,AC       Dental Visit, AC
Alcohol Scrn, AC IPV/DV Scrn
BEGAY,PATIENT           000005 COMMUNITY #1   F  16  UP          Dental Visit
MAESTAS,PATIENT         000006 COMMUNITY #1   F  16  UP,AC       Dental Visit, AC
Alcohol Scrn, AC IPV/DV Scrn
BEGAY,PATIENT           000007 COMMUNITY #1   F  16  UP,AC       AC Alcohol Scrn
YAZZIE,PATIENT          000008 COMMUNITY #1   F  16  UP,AC       AC Alcohol Scrn, AC
IPV/DV Scrn
SMITH,PATIENT           000009 COMMUNITY #1   F  16  UP,AC       Dental Visit, AC
Alcohol Scrn, AC IPV/DV Scrn
```

Figure 5-7: Sample Comprehensive National GPRA Patient List

6.0 How to Run Reports and Patient Lists

This section provides detailed instructions on how to select and produce different report types using the Reports menu option on the CRS 2006 Reporting System main menu.

See section 5.1 Report Types for descriptions of each report type.

6.1 Running Reports: Overview

6.1.1 National GPRA Report

Producing the National GPRA report (GP report option) includes the following steps:

- Selecting Reports (i.e. RPT) from the CRS 2006 Main Menu;
- Selecting National GPRA Reports (i.e. NTL) from the Reports Menu;
- Selecting the National GPRA Report (i.e. GP);
- Running the taxonomy check (i.e. press Enter to continue or press ^ to abort the report);
- Identifying the population by selecting a Community taxonomy, if not using the default identified in the System Setup;
- Choosing whether or not to export the information to the Area Office and if the answer is "Yes," choose whether or not to create a local copy of Height and Weight Output file; and
- Selecting an output type (Print, Delimited or Both).

6.1.2 Comprehensive National GPRA Patient List

Producing a list of patients included in the National GPRA report that identifies the performance measures they did not meet includes the following steps:

- Selecting Reports (i.e. RPT) from the CRS 2006 Main Menu;
- Selecting National GPRA Reports (i.e. NTL) from the Reports Menu;
- Selecting the Comprehensive National GPRA Patient List (i.e. CMP) from the National GPRA Reports menu;
- Running the taxonomy check (i.e. press Enter to continue or press ^ to abort the report);

- Choosing the patients to be included (i.e., random, patients for a specific provider, all patients);
- Identifying the date range for the Current Report period by (1) selecting from pre-defined time periods and entering report ending date calendar year OR (2) entering an end date for the report;
- Identifying the population by selecting a Community taxonomy, if not using the default identified in the System Setup; and
- Selecting an output type (Print, Delimited or Both).

6.1.3 National GPRA Report Patient Lists

Producing patient lists for performance measures included in the National GPRA report (LST report option) includes the following steps:

- Selecting Reports (i.e. RPT) from the CRS 2006 Main Menu;
- Selecting National GPRA Reports (i.e. NTL) from the Reports Menu;
- Selecting the National GPRA Report Patient List report (i.e. LST);
- Running the taxonomy check (i.e. press Enter to continue or press ^ to abort the report);
- Choosing one, multiple or all performance measure topics;
- Choosing which patient lists should be produced for each performance measure topic and the patients to be included (i.e., random, patients for a specific provider, all patients);
- Identifying the date range for the Current Report period by (1) selecting from pre-defined time periods and entering report ending date calendar year OR (2) entering an end date for the report;
- Identifying the population by selecting a Community taxonomy, if not using the default identified in the System Setup; and
- Selecting an output type (Print, Delimited or Both).

6.1.4 Create Search Template for National Patient List

Producing a search template from a patient list for a performance measure included in the National GPRA report (NST report option) includes the following steps:

- Selecting Reports (i.e. RPT) from the CRS 2006 Main Menu;

- Selecting National GPRA Reports (i.e. NTL) from the Reports Menu;
- Selecting the Create Search Template for National Patient List (i.e. NST);
- Running the taxonomy check (i.e. press Enter to continue or press ^ to abort the report);
- Choosing one performance measure topic;
- (1) Choosing which patient list(s) should be produced for the performance measure topic, (2) entering a name for the search template to which the list of patients will be stored, (3) confirming you want to add the search template as a new sort template, (4) repeating steps 2-3 if you selected more than one patient list for the performance measure topic;
- Choosing the patients to be included (i.e., random, patients for a specific provider, all patients);
- Identifying the date range for the Current Report period by (1) selecting from pre-defined time periods and entering report ending date calendar year OR (2) entering an end date for the report;
- Identifying the population by selecting a Community taxonomy, if not using the default identified in the System Setup; and
- Selecting an output type (Print, Delimited or Both). **NOTE:** The output will contain only the National GPRA report for the selected performance measure topic and will not include the list(s) of patients. The list(s) of patients will be stored to the search template(s) you created.

6.1.5 Selected Measures Reports with Community Specified

Producing the Selected Measures Report with Community Specified (COM report option) includes the following steps:

- Selecting Reports (i.e. RPT) from the CRS 2006 Main Menu;
- Selecting Reports for Local Use (i.e. LOC) from the Reports Menu;
- Selecting the Selected Measures w/Community Specified report (i.e. COM);
- Selecting a pre-defined selected measures report or selecting one, multiple, or all measures;
- Running the taxonomy check (i.e. press Enter to continue or press ^ to abort the report);

- Identifying the date range and the ending date calendar year for the Current Report period;
- Identifying the Baseline year (the Previous Year period is automatically defined);
- Identifying the population by selecting a Community taxonomy, if not using the default identified in the System Setup;
- Choosing if Patient Lists should be produced or not and the patients to be included (i.e., random, patients for a specific provider, all patients);
- Selecting the patient-type population (options are Beneficiary type 01 American Indian/Alaska Native; Not 01 (non AI/AN), or All); and
- Selecting an output type (Print, Delimited or Both).

6.1.6 Selected Measures Reports with Patient Panel Population

Producing the Selected Measures Report with Patient Panel Population (PP report option) includes the following steps:

- Selecting Reports (i.e. RPT) from the CRS 2006 Main Menu;
- Selecting Reports for Local Use (i.e. LOC) from the Reports Menu;
- Selecting the Selected Measures w/Patient Panel Population report (i.e. PP);
- Running the taxonomy check (i.e. press Enter to continue or press ^ to abort the report);
- Selecting the patient panel that defines which patients are to be included in the report (Appendix C: Creating a Patient Panel);
- Selecting a pre-defined selected measures report or selecting one, multiple, or all measures;
- Choosing if Patient Lists should be produced or not and the patients to be included (i.e., random, patients for a specific provider, all patients);
- Identifying the date range and the ending date calendar year for the Current Report period;
- Identifying the Baseline year (the Previous Year period is automatically defined); and
- Selecting an output type (Print, Delimited or Both).

6.1.7 Selected Measures Reports with All Communities

Producing the Selected Measures Report with All Communities (ALL report option) includes the following steps:

- Selecting Reports (i.e. RPT) from the CRS 2006 Main Menu;
- Selecting Reports for Local Use (i.e. LOC) from the Reports Menu;
- Selecting the Selected Measures w/All Communities report (i.e. ALL);
- Selecting a pre-defined selected measures report or selecting one, multiple, or all measures;
- Choosing if Patient Lists should be produced or not and the patients to be included (i.e., random, patients for a specific provider, all patients);
- Running the taxonomy check (i.e. press Enter to continue or press ^ to abort the report);
- Identifying the date range and the ending date calendar year for the Current Report period;
- Identifying the Baseline year (the Previous Year period is automatically defined);
- Selecting the patient-type population (options are Beneficiary type 01 American Indian/Alaska Native; Not 01 (non AI/AN), or All); and
- Selecting an output type (Print, Delimited or Both).

6.1.8 CMS Performance Report

Producing the CMS Performance Report (CMS report option) includes the following steps:

- Selecting Reports (i.e. RPT) from the CRS 2006 Main Menu;
- Selecting Reports for Local Use (i.e. LOC) from the Reports Menu;
- Selecting the CMS Performance Report (i.e. CMS);
- Entering the name of your hospital, which is defaulted to the facility entered at Site Parameters in the Setup option;
- Selecting the CMS performance measures to be included in the report;

- Running the taxonomy check (i.e. press Enter to continue or press ^ to abort the report); and
- Identifying the date range for the Current Report period by (1) selecting from pre-defined time periods and entering report ending date calendar year OR (2) entering the report beginning and ending dates.

6.1.9 GPRA Performance Report

Producing the GPRA Performance report (GPU report option) includes the following steps:

- Selecting Reports (i.e. RPT) from the CRS 2006 Main Menu;
- Selecting Other National Reports (i.e. OTH) from the Reports Menu;
- Selecting the GPRA Performance Report (i.e. GPU);
- Running the taxonomy check (i.e. press Enter to continue or press ^ to abort the report);
- Identifying the date range for the Current Report period by (1) selecting from pre-defined time periods and entering report ending date calendar year OR (2) entering an end date for the report;
- Identifying the Baseline year for comparison (the Previous Year period is automatically defined);
- Identifying the population by selecting a Community taxonomy, if not using the default identified in the System Setup;
- Selecting the patient-type population (options are Beneficiary type 01 American Indian/Alaska Native; Not 01 (non AI/AN), or All);
- Choosing whether or not to export the information to the Area Office; and
- Selecting an output type (Print, Delimited or Both).

6.1.10 Elder Care Report

Producing the Elder Care report (ELD report option) includes the following steps:

- Selecting Reports (i.e. RPT) from the CRS 2006 Main Menu;
- Selecting Other National Reports (i.e. OTH) from the Reports Menu;
- Selecting the Elder Care Report (i.e. ELD);

- Selecting all or identifying specific measures to be included in the report;
- Running the taxonomy check (i.e. press Enter to continue or press ^ to abort the report);
- Identifying the date range for the Current Report period by (1) selecting from pre-defined time periods and entering report ending date calendar year OR (2) entering an end date for the report;
- Identifying the Baseline year for comparison (the Previous Year period is automatically defined);
- Identifying the population by selecting a Community taxonomy, if not using the default identified in the System Setup;
- Choosing if Patient Lists should be produced or not and the patients to be included (i.e., random, patients for a specific provider, all patients);
- Selecting the patient-type population (options are Beneficiary type 01 American Indian/Alaska Native; Not 01 (non AI/AN), or All);
- Choosing whether or not to export the information to the Area Office. **NOTE:** This option is only displayed if ALL measures were selected for the report; and
- Selecting an output type (Print, Delimited or Both).

6.1.11 HEDIS Performance Report

Producing the HEDIS Performance report (HED report option) includes the following steps:

- Selecting Reports (i.e. RPT) from the CRS 2006 Main Menu;
- Selecting Other National Reports (i.e. OTH) from the Reports Menu;
- Selecting the HEDIS Performance Report (HED);
- Running the taxonomy check (i.e. press Enter to continue or press ^ to abort the report);
- Identifying the date range and the ending date calendar year for the Current Report period;
- Identifying the Baseline year for comparison (the Previous Year period is automatically defined);

- Identifying the population by selecting a Community taxonomy, if not using the default identified in the System Setup;
- Choosing if Patient Lists should be produced or not and the patients to be included (i.e., random, patients for a specific provider, all patients);
- Selecting the patient-type population (options are Beneficiary type 01 American Indian/Alaska Native; Not 01 (non AI/AN), or All);
- Choosing whether or not to export the information to the Area Office; and
- Selecting an output type (Print, Delimited or Both).

6.1.12 Lab Taxonomy Report

Producing the Lab Taxonomy report (TXL report option) includes the following steps:

- Selecting Reports (i.e. RPT) from the CRS 2006 Main Menu;
- Selecting Taxonomy Reports (i.e. TAX) from the Reports Menu;
- Selecting the Lab Taxonomy Report (i.e. TXL) from the Taxonomy Reports Menu; and
- Selecting an output type (Print, Delimited or Both).

6.1.13 Medication Taxonomy Report

Producing the Medication Taxonomy report (TXM report option) includes the following steps:

- Selecting Reports (i.e. RPT) from the CRS 2006 Main Menu;
- Selecting Taxonomy Reports (i.e. TAX) from the Reports Menu;
- Selecting the Medication Taxonomy Report (i.e. TXM) from the Taxonomy Reports Menu; and
- Selecting an output type (Print, Delimited or Both).

6.2 Reports Menus

This section describes the CRS 2006 reports menus.

1. To access the CRS 2006 Main Menu, type CI06 at the "Select IHS Clinical Reporting System (CRS) Main Menu Option:" prompt from the CRS Main Menu (Figure 6-1).

```
              ************************************************
              **    IHS/RPMS CLINICAL REPORTING SYSTEM (CRS)    **
              ************************************************
                                Version 6.1

                               DEMO HOSPITAL


   CI06   CRS 2006 ...
   CI05   CRS 2005 ...
   GP04   GPRA+ FY04 ...
   GP03   GPRA+ FY03 ...
   GP02   GPRA+ FY02 ...

Select IHS Clinical Reporting System (CRS) Main Menu Option: CI06  CRS 2006
```

Figure 6-1: CRS Main Menu

2. The CRS 2006 Main Menu will be displayed (Figure 6-2). The AO Area Options will only be displayed for Area Office staff with appropriate security keys assigned.

3. **To access the CRS Reports Menu**, type RPT at the "Select CRS 2006 Option:" prompt.

```
                      *********************************
                      **      IHS/RPMS CRS 2006      **
                      **  Clinical Reporting System  **
                      *********************************
                                Version 6.1

                               DEMO HOSPITAL


   RPT    Reports ...
   SET    System Setup ...
   AO     Area Options ...

Select CRS 2006 Option: RPT  Reports
```

Figure 6-2: CRS 2006 Main Menu

4. The CRS 2006 Reports menu is displayed (Figure 6-3).

```
                          *************************
                          **   IHS/RPMS CRS 2006  **
                          **     Reports Menu     **
                          *************************
                                Version 6.1

                               DEMO HOSPITAL


   NTL    National GPRA Reports ...
   LOC    Reports for Local Use: IHS Clinical Measures ...
   OTH    Other National Reports ...
   TAX    Taxonomy Reports ...

Select Reports Option: NTL  National GPRA Reports
```

Figure 6-3: CRS 2006 Reports Menu

- **To access the sub-menu for the National GPRA reports**, type NTL at the "Select Reports Option:" prompt. The National GPRA Reports menu displays (Figure 6-4).

- **To access the sub-menu for the local reports**, type LOC at the "Select Reports Option:" prompt. The Reports for Local Use menu displays (Figure 6-5).

- **To access the sub-menu for the other national reports**, type OTH at the "Select Reports Option:" prompt. The Other National Reports menu displays (Figure 6-6).

- **To access the sub-menu for the Taxonomy reports,** type TAX at the "Select Reports Options:" prompt. The Taxonomy Reports menu displays (Figure 6-7).

```
                       ********************************
                       **      IHS/RPMS CRS 2006     **
                       **    National GPRA Reports   **
                       ********************************
                                 Version 6.1

                                DEMO HOSPITAL


   GP     National GPRA Report
   CMP    Comprehensive National GPRA Patient List
   LST    National GPRA Report Patient List
   NST    Create Search Template for National Patient List

Select National GPRA Reports Option:
```

Figure 6-4: National GPRA Reports Menu

```
             ****************************************************
             **                IHS/RPMS CRS 2006                 **
             **   Reports for Local Use: IHS Clinical Measures   **
             ****************************************************
                              Version 6.1

                             DEMO HOSPITAL


   COM    Selected Measures w/Community Specified
   PP     Selected Measures w/Patient Panel Population
   ALL    Selected Measures w/All Communities
   CMS    CMS Performance Report

Select Reports for Local Use: IHS Clinical Measures Option:
```

Figure 6-5: Reports for Local Use Menu

```
                        ******************************
                        **      IHS/RPMS CRS 2006     **
                        **    Other National Reports  **
                        ******************************
                                  Version 6.1

                                 DEMO HOSPITAL


   GPU    GPRA Performance Report
   ELD    Elder Care Report
   HED    HEDIS Performance Report

Select Other National Reports Option:
```

Figure 6-6: Other National Reports Menu

```
                          ****************************
                          **    IHS/RPMS CRS 2006    **
                          **  Taxonomy Reports Menu  **
                          ****************************
                                  Version 6.1

                                 DEMO HOSPITAL


   TXL    Lab Taxonomy Report
   TXM    Medication Taxonomy Report

Select Taxonomy Reports Option:
```

Figure 6-7: Taxonomy Reports Menu

6.3 Running the National GPRA Report

NOTE: Before running the National GPRA report for national (GPRA reporting) use, you should know the name of the community taxonomy to be used, if it's different from the default.

1. Follow steps 1 through 4 in section 6.2 to display the National GPRA Reports menu (Figure 6-8).

2. Type GP at the "Select National GPRA Reports Option:" prompt.

```
                        ********************************
                        **      IHS/RPMS CRS 2006      **
                        **    National GPRA Reports    **
                        ********************************
                                  Version 6.1

                                 DEMO HOSPITAL


   GP     National GPRA Report
   CMP    Comprehensive National GPRA Patient List
   LST    National GPRA Report Patient List
   NST    Create Search Template for National Patient List

Select National GPRA Reports Option: GP  National GPRA Report
```

Figure 6-8: National GPRA Reports Menu

3. Information about the National GPRA report will appear and the site-populated taxonomies needed to run the report will be checked (Figure 6-9).

```
                          IHS 2006 National GPRA Report

This will produce a National GPRA report.
You will be asked to provide the Community taxonomy to determine which patients
will be included.  This report will be run for the time period July 1, 2005
through June 30, 2006 with a baseline period of July 1, 1999 through
June 30, 2000.  This report will include beneficiary population of
American Indian/Alaska Native only.


You can choose to export this data to the Area office.  If you
answer yes at the export prompt, a report will be produced in export format
for the Area Office to use in Area aggregated data.  Depending on site specific
configuration, the export file will either be automatically transmitted
directly to the Area or the site will have to send the file manually.

Checking for Taxonomies to support the National GPRA Report...

All taxonomies are present.

End of taxonomy check.  PRESS ENTER:
```

Figure 6-9: Running the National GPRA Report: Report Description Display and Taxonomy Check

4. If the message `The following taxonomies are missing or have no entries:` displays, your report results for the measure that uses the taxonomy specified are likely to be inaccurate. To exit from the report to edit your taxonomies, type a caret (^) (Shift-6) at any prompt until you return to the main menu.

   If the message `All taxonomies are present. End of taxonomy check. Press ENTER:` displays, press the Enter key to continue.

5. The screen prompts you for the Community taxonomy. Press the Enter key to select the default Community taxonomy or type a new name at the "Enter the Name of the Community Taxonomy:" prompt.

Type the first few letters of the taxonomy name to see a selection, or type two question marks (??) to see the entire list.

> **NOTE**: If you are running the National GPRA report for national (GPRA reporting) use, you should use your site's official GPRA community taxonomy.

The screen displays your Home location, as defined in Site Parameters (section 4.2).

```
Specify the community taxonomy to determine which patients will be
included in the report.  You should have created this taxonomy using QMAN.

Enter the Name of the Community Taxonomy: BETA TEST COMMUNITIES//        FOR GPR
A BETA TEST
Your HOME location is defined as: UNDESIG LOCS asufac:  808799
Do you wish to export this data to Area? // Y  YES

Height and Weight data is contained in this report.  Do you wish to create
a file of all the heights and weights in this file?  You can use this file
to upload to another system like SAS or Microsoft ACCESS.
WARNING:  This file can be very large as it contains 1 record for each
height and weight taken on the patients in the active clinical population.
This file may be too large for EXCEL.  If you don't plan on using this
data for a study some kind, please answer NO to the next question.

Do you wish to create a HEIGHT/WEIGHT Output file? N// NO
```

Figure 6-10: Running the National GPRA Report: Selecting Community Taxonomy, Export Option, Height and Weight File Option

6. Type Y or N at the "Do you wish to export this data to Area?" prompt. You should only choose this option when you are ready to send final data to your Area Office.

7. If you typed "Y" at the Area export prompt, the "Do you wish to create a HEIGHT/WEIGHT Output file?" prompt is displayed, along with information about this file. Type Y or N at this prompt. **If you type "N", a file will not be created on your local server; however, the height and weight data will still be sent to your Area Office. If your facility does not want to export its height and weight data to the Division of Epidemiology, you must notify your Area GPRA Coordinator.** A copy of a letter addressed to Tribal Clinic Directors that discusses this data file in detail and explains how the information will be used is included in Appendix E.

NOTE: The data for the Height and Weight file is automatically included in the site's National GPRA report file when it chooses to export its data to the Area Office. This includes data for all active clinical patients included in the National GPRA report and includes visit data containing height and/or weight measurements taken during the period July 1, 1999 through June 30, 2006. The Area Office will create a combined file that contains unduplicated data from all facilities, which it will send to the California Area Office for transmission to the Division of Epidemiology. The Division of Epidemiology will use the data to construct frequency curves. Only the unique registration record ID of each patient is sent; individual names and chart numbers are not sent. **Notify your Area Office GPRA Coordinator if your facility does not want its height and weight data exported to the Division of Epidemiology.**

8. A Summary of the report will display (Figure 6-11), showing the pre-defined date ranges, selected community taxonomy name and Home location. If any of this information is incorrect, type a caret (^) (Shift-6) to return to a previous menu.

```
                SUMMARY OF NATIONAL GPRA REPORT TO BE GENERATED

The date ranges for this report are:
     Report Period:            Jul 01, 2005 to Jun 30, 2006
     Previous Year Period:     Jul 01, 2004 to Jun 30, 2005
     Baseline Period:          Jul 01, 1999 to Jun 30, 2000

The COMMUNITY Taxonomy to be used is: BETA TEST COMMUNITIES
The HOME location is: UNDESIG LOCS 808799

Please choose an output type.  For an explanation of the delimited
file please see the user manual.


     Select one of the following:

          P         Print Report on Printer or Screen
          D         Create Delimited output file (for use in Excel)
          B         Both a Printed Report and Delimited File

Select an Output Option: P//
DEVICE: HOME// 0;P-OTHER80  VT    Right Margin: 80//
```

Figure 6-11: Running the National GPRA Report: Selecting Print Options – Print to Screen

```
Select an Output Option: P// rint Report on Printer or Screen
DEVICE: HOME// HFS  HFS
HOST FILE NAME: C:\TMP\TMP.HFS//C:\lb_test.doc  ADDRESS/PARAMETERS: "WNS"//
```

Figure 6-12: Running the National GPRA Report: Selecting print Options - Print to an Electronic File

9. Type the corresponding letter for your output at the "Select an Output Option:" prompt.

- P (Print) will send the report file to your printer, your screen or an electronic file.
- D (Delimited Output) will produce an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation. The delimited output is particularly useful for patient lists because they can be sorted in multiple ways. (See Appendix B for detailed instructions.)
- B (Both) will produce both a printed report and a delimited file.

If you select P (Print), type in a printer or file name at the "Device:" prompt. In Figure 6-11, the default prompt is Home, which displays the information directly on the screen. The default prompt may vary at different sites. Turn on your logging or screen capture program before printing to screen, depending on the software you are using to access RPMS. To print a report to your screen without receiving multiple "Enter RETURN to continue" prompts, type 0;P-OTHER80 at the Home prompt (Figure 6-11).

If you want to print to a file or you don't know your printer name, check with your Site Manager. At most sites, to print to a file, type Host or HFS, then designate the file location and name (Figure 6-12).

Generally you should plan to queue your report to run off hours, when the network is not as busy. At most sites, you can queue your report to print by typing Q at the prompt. Check with your Site Manager if you need further information about how to specify each of these options.

If you select D (Delimited) or B (Both) at the "Select an Output Option:" prompt, you will be prompted to print your file to the screen (S) or to an electronic file (F) (Figure 6-13). If this report will take several hours to run, it is recommended to print to a file.

If you select F (File), type the name of the delimited file at the "Enter a filename for the delimited output:" prompt. File names cannot exceed 40 characters and will automatically be given the extension .txt. Most sites will be set up to automatically print the file to your network's Public directory. You may need to FTP the delimited file from Pub to your computer. Ask your Site Manager for additional information about retrieving files from your local network.

You will be prompted to queue the report to run at a later time. You can specify another day or another time.

```
Select an Output Option: P// d  Create Delimited output file (for use in Excel)

You have selected to create a delimited output file.  You can have this
output file created as a text file in the pub directory,
OR you can have the delimited output display on your screen so that
you can do a file capture.  Keep in mind that if you choose to
do a screen capture you CANNOT Queue your report to run in the background!!


     Select one of the following:

          S         SCREEN - delimited output will display on screen for capture
          F         FILE - delimited output will be written to a file in pub

Select output type: S// f  FILE - delimited output will be written to a file in pub
Enter a filename for the delimited output (no more than 40 characters): mytestfile

When the report is finished your delimited output will be found in the
q:\ directory.  The filename will be mytestfile.txt


Won't you queue this ? Y// y  YES
Requested Start Time: NOW//20:00:00  (APR 27, 2006@20:00:00)
Tasked with 2033810
```

Figure 6-13: Running the National GPRA Report: Delimited Reports

6.4 Running the Comprehensive National GPRA Patient List

1. Follow steps 1 through 4 in section 6.2 to display the National GPRA Reports menu (Figure 6-14).

2. Type CMP at the "Select National GPRA Reports Option:" prompt.

```
                        **********************************
                        **      IHS/RPMS CRS 2006       **
                        **    National GPRA Reports     **
                        **********************************
                                  Version 6.1

                                 DEMO HOSPITAL


   GP     National GPRA Report
   CMP    Comprehensive National GPRA Patient List
   LST    National GPRA Report Patient List
   NST    Create Search Template for National Patient List

Select National GPRA Reports Option: CMP  Comprehensive National GPRA Patient List
```

Figure 6-14: National GPRA Reports Menu

3. Information about the report is displayed. Press Enter.

4. A message is displayed warning you to the potential number of pages the report could include and recommending the delimited output option be selected. Type Y to continue or type a caret (^) (Shift-6) to return to the previous menu.

5. The taxonomies are checked. If the message `The following taxonomies are missing or have no entries:` displays, your report results for the measure that uses the taxonomy specified are likely to be inaccurate. To exit from the report to edit your taxonomies, type a caret (^) (Shift-6) at any prompt until you return to the main menu.

   If the message `All taxonomies are present. End of taxonomy check. Press ENTER:` displays, press the Enter key to continue

6. Type the corresponding letter for the type of patient list you want to run.
   - R (Random) will produce a list containing 10% of the entire patient list for the measure.
   - P (By Provider) will produce a list of patients with a user-specified designated care provider.
   - A (All Patients) will produce a list of all patients, indicating which denominator(s) and numerator(s) the patient meets.

> **NOTE:** Printed patient lists are likely to require a great deal of paper, even when you are producing a Random list. Ensure that your selected printer has enough paper, particularly if you are running the report overnight. Only print patient lists when you need them, or print to an electronic file.

7. If you selected P (By Provider), type the designated provider name at the "Enter Designated Provider Name:" prompt.

8. Select the date range for the report (see Figure 6-15) by following steps a or b below.

```
     Select one of the following:

          1         January 1 - December 31
          2         April 1 - March 31
          3         July 1 - June 30
          4         October 1 - September 30
          5         User-Defined Report Period

Enter the date range for your report:
```

Figure 6-15: Running National GPRA Report Patient Lists, selecting report date range

   a. To select a pre-defined period (e.g. January 1 – December 31):

      i. Select one of the first four options.

      ii. Enter the calendar year of the report end date.

   b. To enter your own report end date:

      i. Select option 5, User-Defined Report Period.

ii. Enter the end date of the report in MM/DD/CCYY format (e.g. 11/30/2004).

NOTE: The Baseline Year for all National GPRA reports is set to 2000 and the patient population is set to AI/AN only. Neither of these may be changed.

9. Follow steps 5 and 9 in section 6.3 to select the community taxonomy and output option in order to finish running the report.

> **NOTE**: Depending on a variety of factors, including the size of your database, type of list selected, and/or your server configuration (RAM, processor speed, etc.), **the report may take 6-8 hours to run.** Always test your first report at night or on the weekend.

6.5 Running the National GPRA Report Patient Lists

1. Follow steps 1 through 4 in section 6.2 to display the National GPRA Reports menu (Figure 6-16).

2. Type LST at the "Select National GPRA Reports Option:" prompt.

```
                        ********************************
                        **      IHS/RPMS CRS 2006      **
                        **    National GPRA Reports    **
                        ********************************
                                  Version 6.1

                                 DEMO HOSPITAL


   GP     National GPRA Report
   CMP    Comprehensive National GPRA Patient List
   LST    National GPRA Report Patient List
   NST    Create Search Template for National Patient List

Select National GPRA Reports Option:
```

Figure 6-16: National GPRA Reports Menu

3. Information about the National GPRA Report patient lists will display and the site-populated taxonomies needed to run the report will be checked (Figure 6-17).

4. If the message `The following taxonomies are missing or have no entries:` displays, your report results for the measure that uses the taxonomy specified are likely to be inaccurate. To exit from the report to edit your taxonomies, type a caret (^) (Shift-6) at any prompt until you return to the main menu.

   If the message `All taxonomies are present. End of taxonomy check. Press ENTER:` displays, press the Enter key to continue.

```
                    IHS GPRA Performance Report Patient List
                              CRS 2006, Version 6.1

This will produce a list of patients who either met, did not meet
or to list both those that met and did not meet a National performance
measure.  You will be asked to select one or more performance measure
topics and then to choose which performance measure numerators you
would like to report on.


You will be asked to provide the Community taxonomy to determine
which patients will be included.
This report will be run for a time period selected by the user.
This report will include beneficiary population of American Indian/Alaska
Native only.
Checking for Taxonomies to support the National GPRA Report...

All taxonomies are present.

End of taxonomy check.  PRESS ENTER:
```

Figure 6-17: Running National GPRA Report Patient Lists: Report Description Display and Taxonomy Check

5. The Performance Measure Selection screen will display with the list of available topics. (Figure 6-18).

```
PERFORMANCE MEASURE SELECTION May 1, 2006 14:22:02          Page:    1 of    2
IHS Clinical Performance Measures
* indicates the performance measure has been selected

1)  Diabetes Prevalence
2)  Diabetes:  Glycemic Control
3)  Diabetes:  Blood Pressure Control
4)  Diabetes:  Lipids Assessment
5)  Diabetes:  Nephropathy Assessment
6)  Diabetes:  Diabetic Retinopathy
7)  Access to Dental Services
8)  Dental Sealants
9)  Topical Fluoride
10) Adult Immunizations:  Influenza
11) Adult Immunizations:  Pneumovax
12) Childhood Immunizations
13) Cancer Screening: Pap Smear Rates
14) Cancer Screening: Mammogram Rates
15) Colorectal Cancer Screening
16) Tobacco Use and Exposure Assessment
+         Enter ?? for more actions
S    Select Measure       D    De Select Measure
Select Action:+//
```

Figure 6-18: Running National GPRA Report Patient Lists, selecting performance measure topics

6. Type a plus sign (+) at the "Select Action:" prompt to see the next page of the list of measures. Type a hyphen (-) at the "Select Action:" prompt to return to the previous page.

7. Type S at the "Select Action:" prompt to select specific topics.

8. Type the number(s) corresponding to the performance measure topics you want to select at the "Which Items?" prompt.

You can type ranges (e.g., 1-4) or a series of number (e.g., 1, 4, 5, 10) or a combination of numbers and ranges (e.g., 1-4, 8, 12).

After pressing the Enter key, the topics you selected will have an asterisk at the left side (Figure 6-19).

9. Type Q (Quit) when you have completed selecting topics at the "Select Action:" prompt.

```
PERFORMANCE MEASURE SELECTION May 01, 2006 14:23:24          Page:    1 of    2
IHS Clinical Performance Measures
* indicates the performance measure has been selected

*1)  Diabetes Prevalence
*2)  Diabetes:  Glycemic Control
3)  Diabetes:  Blood Pressure Control
4)  Diabetes:  Lipids Assessment
5)  Diabetes:  Nephropathy Assessment
6)  Diabetes:  Diabetic Retinopathy
7)  Access to Dental Services
8)  Dental Sealants
9)  Topical Fluoride
10) Adult Immunizations:  Influenza
11) Adult Immunizations:  Pneumovax
12) Childhood Immunizations
13) Cancer Screening: Pap Smear Rates
14) Cancer Screening: Mammogram Rates
15) Colorectal Cancer Screening
16) Tobacco Use and Exposure Assessment
+         Enter ?? for more actions
S    Select Measure       D    De Select Measure    Q    Quit
Select Action:+// Q  Quit
```

Figure 6-19: Running National GPRA Report Patient Lists, showing selected topics

10. Patient lists available for the first topic you selected are displayed (Figure 6-20). Type the number of the list you would like to print and press Enter. You may type a range of patient lists as described in step 8 above. If you selected more than one topic, the next patient lists available will be displayed.

```
Please select one or more of these report choices within the
Diabetes Prevalence performance measure topic.

          1)  Diabetes DX Ever
Which item(s):   (1-1):  1


Please select one or more of these report choices within the
Diabetes:  Glycemic Control performance measure topic.

          1)  Documented HbA1c
          2)  No Documented HbA1c
          3)  Poor Glycemic Control
          4)  Ideal Glycemic Control
Which item(s):   (1-4):  1,3

Select List Type.
NOTE:  If you select ALL Patients, your list may be
hundreds of pages and take hours to print.


     Select one of the following:

          R         Random Patient List
          P         Patient List by Provider
          A         All Patients

Choose report type for the Lists:  R// P Patient List by Provider
Enter Designated Provider Name:  Provider,Arlis
```

Figure 6-20: Running National GPRA Report Patient Lists, selecting patient lists for each topic

11. To select the list type, type the corresponding letter (i.e., R, P, or A) to select either a random patient list, a list of patients by a designated provider, or list containing all patients. See step 6 in section 6.4 for a description of the types of patient lists.

> **NOTE:** Printed patient lists are likely to require a great deal of paper, even when you are producing a Random list. Ensure that your selected printer has enough paper, particularly if you are running the report overnight. Only print patient lists when you need them, or print to an electronic file.

12. If you selected P (By Provider), type the designated provider name at the "Enter Designated Provider Name:" prompt.

13. Select the date range for the report (Figure 6-21) by following steps a or b below.

```
     Select one of the following:

          1         January 1 - December 31
          2         April 1 - March 31
          3         July 1 - June 30
          4         October 1 - September 30
          5         User-Defined Report Period

Enter the date range for your report:
```

Figure 6-21: Running National GPRA Report Patient Lists, selecting report date range

a. To select a pre-defined period (e.g. January 1 – December 31):

   i. Select one of the first four options.

   ii. Enter the calendar year of the report end date.

b. To enter your own report end date:

   i. Select option 5, User-Defined Report Period.

   ii. Enter the end date of the report in MM/DD/CCYY format (e.g. 11/30/2004).

NOTE: The Baseline Year for all National GPRA reports is set to 2000 and the patient population is set to AI/AN only. Neither of these may be changed.

14. Follow steps 5 and 9 in section 6.3 to select community taxonomy and output option in order to finish running the report.

> **NOTE**: Depending on a variety of factors, including the number of performance measures selected, the size of your database, and/or your server configuration (RAM, processor speed, etc.), **the report may take 6-8 hours to run.** Always test your first report at night or on the weekend.

6.6 Creating Search Template for National Patient List

1. Follow steps 1 through 4 in section 6.2 to display the National GPRA Reports menu (Figure 6-22).

2. Type NST at the "Select National GPRA Reports Option:" prompt.

```
                      **********************************
                      **      IHS/RPMS CRS 2006       **
                      **    National GPRA Reports     **
                      **********************************
                                Version 6.1

                               DEMO HOSPITAL


   GP     National GPRA Report
   CMP    Comprehensive National GPRA Patient List
   LST    National GPRA Report Patient List
   NST    Create Search Template for National Patient List

Select National GPRA Reports Option:
```

Figure 6-22: National GPRA Reports Menu

3. Information about the Search Template will display and the site-populated taxonomies needed to run the report will be checked (Figure 6-23).

```
             IHS GPRA Performance Patient Search Template Creation
                            CRS 2006, Version 6.1

This will produce a search template of patients who either met or did not meet
a National performance measure.  You will be asked to select
one performance measure topic and then to choose which performance
measure numerators you would like to create a search template for.
For example, you can create a search template of all patients who
did not meet the measure for having a Pap Smear in the past 3 years.

You will be asked to provide the Community taxonomy to determine
which patients will be included.
This report will be run for a time period selected by the user.
This report will include beneficiary population of American Indian/Alaska
Native only.
Checking for Taxonomies to support the National GPRA Report...

All taxonomies are present.

End of taxonomy check.  PRESS ENTER:
```

Figure 6-23: Creating National Patient List Search Template: Report Description Display and Taxonomy Check

4. The Performance Measure Selection screen will display with the list of available topics. (Figure 6-24).

```
PERFORMANCE MEASURE SELECTION May 1, 2006 14:22:02          Page:    1 of    2
IHS Clinical Performance Measures
* indicates the performance measure has been selected

1)  Diabetes Prevalence
2)  Diabetes:  Glycemic Control
3)  Diabetes:  Blood Pressure Control
4)  Diabetes:  Lipids Assessment
5)  Diabetes:  Nephropathy Assessment
6)  Diabetes:  Diabetic Retinopathy
7)  Access to Dental Services
8)  Dental Sealants
9)  Topical Fluoride
10) Adult Immunizations:  Influenza
11) Adult Immunizations:  Pneumovax
12) Childhood Immunizations
13) Cancer Screening: Pap Smear Rates
14) Cancer Screening: Mammogram Rates
15) Colorectal Cancer Screening
16) Tobacco Use and Exposure Assessment
+         Enter ?? for more actions
S    Select Measure       D    De Select Measure
Select Action:+// S Select Measure
```

Figure 6-24: Creating National Patient List Search Template: Selecting Performance Measure Topic

5. Type a plus sign (+) at the "Select Action:" prompt to see the next page of the list of measures. Type a hyphen (-) at the "Select Action:" prompt to return to the previous page.

6. Type S at the "Select Action:" prompt to select a specific topic. **NOTE:** Only one topic may be selected when creating a search template.

7. Type the number corresponding to the performance measure topic you want to select at the "Select Only One Measure" prompt.

   After pressing the Enter key, the topic you selected will have an asterisk at the left side (Figure 6-25).

8. Type Q (Quit) when you have selected a topic at the "Select Action:" prompt.

```
PERFORMANCE MEASURE SELECTION May 01, 2006 14:23:24          Page:    1 of    2
IHS Clinical Performance Measures
* indicates the performance measure has been selected

1)  Diabetes Prevalence
*2)  Diabetes:  Glycemic Control
3)  Diabetes:  Blood Pressure Control
4)  Diabetes:  Lipids Assessment
5)  Diabetes:  Nephropathy Assessment
6)  Diabetes:  Diabetic Retinopathy
7)  Access to Dental Services
8)  Dental Sealants
9)  Topical Fluoride
10) Adult Immunizations:  Influenza
11) Adult Immunizations:  Pneumovax
12) Childhood Immunizations
13) Cancer Screening: Pap Smear Rates
14) Cancer Screening: Mammogram Rates
15) Colorectal Cancer Screening
16) Tobacco Use and Exposure Assessment
+         Enter ?? for more actions
S    Select Measure       D    De Select Measure    Q    Quit
Select Action:+// Q  Quit
```

Figure 6-25: Creating National Patient List Search Template: Showing Selected Topic

9. Patient lists available for the topic you selected are displayed (Figure 6-26). Type the number of the list you would like to print and press Enter. You may type a range of patient lists as described in section 6.5, step 8 above.

10. Type the name of the search template to which you want to save the patient list (Figure 6-26).

11. If the name of the search template you entered does not currently exist, you will be asked to confirm you want to add it as a new search template; otherwise, you will be asked if you want to overwrite an existing search template.

    You will need to repeat steps 10 and 11 for each patient list you selected.

12. To select the list type (Figure 6-26), type the corresponding letter (i.e., R, P, or A) to select either a random patient list, a list of patients by a designated provider, or list containing all patients. See step 6 in section 6.4 for a description of the types of patient lists.

13. If you selected P (By Provider), type the designated provider name at the "Enter Designated Provider Name:" prompt.

```
Please select one or more of these report choices within the
Diabetes: Glycemic Control performance measure topic.

          1)  Documented A1c
          2)  No Documented A1c
          3)  Poor Glycemic Control
          4)  Ideal Glycemic Control
Which item(s):  (1-4): 1,2

Enter a search template name for the following list of patients:
   List of diabetic patients with a documented A1c.
Patient Search Template: SKDMDOCA1C2003
  Are you adding 'SKDMDOCA1C2003' as a new SORT TEMPLATE? No// Y  (Yes)
     An unduplicated PATIENT list resulting from this report
     will be stored in theSKDMDOCA1C2003 Search Template.

Enter a search template name for the following list of patients:
   List of diabetic patients without a documented A1c.
Patient Search Template: SKDMNOA1C2003
  Are you adding 'SKDMNOA1C2003' as a new SORT TEMPLATE? No// Y  (Yes)
     An unduplicated PATIENT list resulting from this report
     will be stored in theSKDMNOA1C2003 Search Template.


Select List Type.


     Select one of the following:

          R         Random Patient List
          P         Patient List by Provider
          A         All Patients

Choose report type for the Lists: R// Patient List by Provider
Enter Designated Provider Name: PROVIDER,ARLIS
```

Figure 6-26: Running National GPRA Report Patient Lists, selecting patient lists for each topic

14. Select the date range for the report (Figure 6-27) by following steps a or b below.

```
     Select one of the following:

          1         January 1 - December 31
          2         April 1 - March 31
          3         July 1 - June 30
          4         October 1 - September 30
          5         User-Defined Report Period

Enter the date range for your report:
```

Figure 6-27: Running National GPRA Report Patient Lists, selecting report date range

a. To select a pre-defined period (e.g. January 1 – December 31):

   i. Select one of the first four options.

   ii. Enter the calendar year of the report end date.

b. To enter your own report end date:

   i. Select option 5, User-Defined Report Period.

ii. Enter the end date of the report in MM/DD/CCYY format (e.g. 11/30/2004).

NOTE: The Baseline Year for all National GPRA reports is set to 2000 and the patient population is set to AI/AN only. Neither of these may be changed.

15. Follow steps 5 and 9 in section 6.3 to select community taxonomy and output option in order to finish running the report. **NOTE:** The output will contain only the National GPRA report for the selected performance measure topic and will not include the list(s) of patients. The list(s) of patients will be stored to the search template(s) you created.

6.7 Running the Selected Measures Reports with Patient Lists

Three of the four types of local use reports are called Selected Measures reports and allow sites to choose the performance measures to be included in the report or to select from a list of pre-defined reports and to customize the population and population-type (e.g. AI/AN patients only) that are included. Section 5.0 Reports and Patient Lists provides detailed descriptions of each report.

The fourth local report is the CMS (Centers for Medicare & Medicaid Services) report for use by IHS hospitals for reporting on CMS hospital quality measures.

1. Follow steps 1 through 4 in section 6.2 above to display the Reports for Local Use menu (Figure 6-28).

```
             **************************************************
             **                IHS/RPMS CRS 2006                **
             **   Reports for Local Use: IHS Clinical Measures   **
             **************************************************
                           Version 6.1

                          DEMO HOSPITAL


   COM    Selected Measures w/Community Specified
   PP     Selected Measures w/Patient Panel Population
   ALL    Selected Measures w/All Communities
   CMS    CMS Performance Report

Select Reports for Local Use: IHS Clinical Measures Option:
```

Figure 6-28: Reports for Local Use Menu

The report options are defined below.

- COM Reports only on patients residing in a community of residence that is included in the Community Taxonomy selected by the user.

- PP Reports only on patients included in a patient panel selected by the user (see Appendix C for additional information about creating a patient list as a FileMan search template using QMan).

- ALL Reports on all patients in the site's RPMS database, regardless of community of residence.

- CMS Produces a CMS report for use by IHS hospitals in reporting on CMS hospital quality measures. Includes all patients in the local RPMS database who meet the criteria for the report.

NOTE: If you want to stop at any time during the report setup, type a caret (^) at any prompt until you return to your desired location.

6.7.1 Running the Selected Measures Community Specified Report

1. From the Reports for Local Use Menu (Figure 6-28), type COM.

2. Information about the report and a list of performance measure topics are displayed (Figure 6-29). Type the code of one of three pre-defined reports (i.e., DM, CVD, or WH) or type SEL to choose your own topics. The SEL option allows you to select one or multiple measure topics. See sections 5.2.4 through 5.2.6 for a description of the topics contained in the pre-defined reports.

```
Select Reports for Local Use: IHS Clinical Measures Option: COM  Selected Measur
es w/Community Specified

     IHS 2006 CRS - Clinical Performance Measure Report (Selected Measures)
This will produce a Performance Measure Report for one or more measures for a
year period you specify.  You will be asked to provide: 1) the
reporting period, 2) the baseline period to compare data to, and 3) the
Community taxonomy to determine which patients will be included.

     Select one of the following:

          DM        Diabetes-Related Measures
          CVD       Cardiovascular Disease Prevention for At-Risk Patients
          WH        Women's Health-Related Measures
          SEL       Selected Performance Measures (User Defined)

Which set of Performance measures should be included in this report: SEL  Selected
Performance Measures (User Defined)
```

Figure 6-29: Running Selected Measures Reports: Selecting Report Topics

3. If you selected a pre-defined report (i.e., DM, CVD, or WH), skip to step 7 below.

   If you typed SEL (Selected), the Performance Measure Selection screen will appear with the list of available measure topics. (Figure 6-30).

   Type a plus sign (+) at the "Select Action:" prompt to display the next page of the list of measures. Type a hyphen (-) at the "Select Action:" prompt to display the previous page of the list of measures.

4. Type S (Select Measure) to select specific topics.

5. Type the number(s) corresponding to the measure topics you want to select at the "Which Items?" prompt.

   You can type ranges (e.g., 1-4) or a series of number (e.g., 1, 4, 5, 10) or a combination of numbers and ranges (e.g., 1-4, 8, 12).

```
PERFORMANCE MEASURE SELECTION May 02, 2006 15:02:48          Page:    1 of    4
IHS Clinical Performance Measures
* indicates the performance measure has been selected

1)  Diabetes Prevalence
2)  Diabetes Comprehensive Care
3)  Diabetes:  Glycemic Control
4)  Diabetes:  Blood Pressure Control
5)  Diabetes:  Lipids Assessment
6)  Diabetes:  Nephropathy Assessment
7)  Diabetes:  Diabetic Retinopathy
8)  Diabetes:  Access to Dental Services
9)  Access to Dental Services
10) Dental Sealants
11) Topical Fluoride
12) Adult Immunizations:  Influenza
13) Adult Immunizations:  Pneumovax
14) Childhood Immunizations
15) Adolescent Immunizations
16) Appropriate Treatment for Children with Upper Respiratory Infection
17) Appropriate Testing for Children with Pharyngitis
18) Cancer Screening: Pap Smear Rates
19) Cancer Screening: Mammogram Rates
20) Colorectal Cancer Screening
21) Tobacco Use and Exposure Assessment
22) Tobacco Cessation
23) Alcohol Screening (FAS Prevention)
24) Intimate Partner (Domestic) Violence Screening
25) Depression Screening
26) Antidepressant Medication Management
27) Obesity Assessment
28) Childhood Weight Control
29) Nutrition and Exercise Education for At Risk Patients
30) Cardiovascular Disease and Cholesterol Screening
31) Cardiovascular Disease and Blood Pressure Control
32) Controlling High Blood Pressure
33) Comprehensive CVD-Related Assessment
34) Beta-Blocker Treatment After a Heart Attack
35) Persistence of Beta-Blocker Treatment After a Heart Attack
36) Cholesterol Management for Patients with Cardiovascular Conditions
37) Prenatal HIV Testing
38) HIV Quality of Care
39) Chlamydia Testing
40) Osteoporosis Management
41) Osteoporosis Screening in Women
42) Rheumatoid Arthritis Medication Monitoring
43) Osteoarthritis Medication Monitoring
44) Asthma
45) Asthma Quality of Care
46) Asthma and Inhaled Steroid Use
47) Chronic Kidney Disease Assessment
48) Prediabetes/Metabolic Syndrome
49) Medications Education
50) Public Health Nursing
+         Enter ?? for more actions
S    Select Measure       D    De Select Measure    Q    Quit
Select Action:+// 2,6,14,18
```

Figure 6-30: Running Selected Measures Reports, Selecting Performance Measure Topics

NOTE: In the figure above, so all topics could be listed in one figure, the screen has been modified from the way it will look on your screen. Normally only one

screen of topics is listed and you must press Enter or + to view the remaining topics.

After pressing the Enter key, the measure topics you selected will have an asterisk at the left side (Figure 6-31).

6. Type Q (Quit) when you have completed selecting topics at the "Select Action:" prompt.

```
PERFORMANCE MEASURE SELECTION May 02, 2006 15:10:45          Page:    1 of    4
IHS Clinical Performance Measures
* indicates the performance measure has been selected

1)  Diabetes Prevalence
*2)  Diabetes Comprehensive Care
3)  Diabetes:  Glycemic Control
4)  Diabetes:  Blood Pressure Control
5)  Diabetes:  Lipids Assessment
*6)  Diabetes:  Nephropathy Assessment
7)  Diabetes:  Diabetic Retinopathy
8)  Diabetes:  Access to Dental Services
9)  Access to Dental Services
10) Dental Sealants
11) Topical Fluoride
12) Adult Immunizations:  Influenza
13) Adult Immunizations:  Pneumovax
*14) Childhood Immunizations
15) Adolescent Immunizations
16) Appropriate Treatment for Children with Upper Respiratory Infection
+         Enter ?? for more actions
S    Select Measure       D    De Select Measure    Q    Quit
Select Action:+// Q Quit
```

Figure 6-31: Running Selected Measures Reports, showing selected performance measure topics

7. The taxonomies required to run the report will be checked. Press the Enter key to continue.

8. Select the date range for the report by typing the number corresponding to the appropriate ending date for the report at the "Enter the date range for your report:" prompt. To ensure reporting accuracy and data comparability, end dates are predefined based on fiscal year quarters.

   All reports review and calculate data for at least a one year time period, i.e., searching patient records for data matching the numerator criteria for the entire Current Report period selected by the user.

9. Type the 4-digit calendar year for the report end date (e.g., 2006) at the "Enter Year:" prompt.

   NOTE: If you pick a report period end date that is greater than the date you are running the report, a warning message will be displayed advising you of this. A prompt will be displayed asking if you want to change your Current Report Dates. To continue with the report, accept the default answer of "no" by pressing enter. To change your report date range, type Y.

10. Type the 4-digit baseline year at the "Enter Year:" prompt.

11. The screen displays the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline.

```
     Select one of the following:

          1         January 1 - December 31
          2         April 1 - March 31
          3         July 1 - June 30
          4         October 1 - September 30

Enter the date range for your report: 3  July 1 - June 30

Enter the Calendar Year for the report END date.  Use a 4 digit
year, e.g. 2005
Enter Year:  2005  (2005)

Enter the Baseline Year to compare data to.
Use a 4 digit year, e.g. 1999, 2000
Enter Year (e.g. 2000):  2000  (2000)

The date ranges for this report are:
     Reporting Period:         Jul 01, 2004 to Jun 30, 2005
     Previous Year Period:     Jul 01, 2003 to Jun 30, 2004
     Baseline Period:          Jul 01, 1999 to Jun 30, 2000
```

Figure 6-32: Running Selected Measure Reports, selecting report date ranges

12. At the "Enter the Name of the Community Taxonomy:" prompt, either press the Enter key to select the default Community taxonomy or type a new name. To enter a new taxonomy name, you may type the first few letters of the taxonomy name to see a selection, or type two question marks (??) to see the entire list.

13. The screen will now display your Home location, as defined in the Site Parameters (section 4.2).

14. You must have security access to run any patient list. If you have security access and want to include patient lists in addition to the report, type Y (Yes) at the "Do you want patient lists for any of the measures?" prompt.

    The Measure List Selection screen will display (Figure 6-33). Only the topics that you have selected for your report will be listed.

    If you typed N (No), skip to step 20 to complete report selection.

15. Type S (Select List) to select patient lists for specific measure topics.

16. Type the number(s) corresponding to the measures you want to select at the "Which Items?" prompt.

    After pressing the Enter key, the measure topics you selected will have an asterisk at the left side (Figure 6-33).

```
Do you want patient lists for any the measures? N//Y Yes

MEASURE LIST SELECTION        May 02, 2006 15:14:56          Page:    1 of    1
IHS 2006 Clinical Performance Measure Lists of Patients
* indicates the list has been selected

1)  DM Comprehensive Care: List of diabetic pts w/documented tests, if any
2)  DM Nephropathy: List of patients with tests & values, if any
*3)  Childhood Imm: List of Pts 19-35 months with IZ, if any
*4)  Pap Smear Rates: List of women 21-64 w/documented test/refusal, if any


          Enter ?? for more actions
S    Select List                        D    De Select List
A    All Lists                          Q    Quit
Select Action:+// Q Quit
```

Figure 6-33: Running Selected Measures Reports, choosing patient lists

17. Type Q (Quit) when you have completed selecting topics.

18. To select the list type, type the corresponding letter (i.e., R, P, or A) to select either a random patient list, a list of patients by a designated provider, or list containing all patients. See step 6 in section 6.4 for a description of the types of patient lists.

19. If you selected P (By Provider), type the designated provider name at the "Enter Designated Provider Name:" prompt.

```
Select List Type.
NOTE:  If you select All Patients, your list may be
hundreds of pages and take hours to print.


     Select one of the following:

          R         Random Patient List
          P         Patient List by Provider
          A         All Patients

Choose report type for the Lists: R// P  Patient List by Provider
Enter Designated Provider Name: Acord,Arlis          AA
```

Figure 6-34: Running Selected Measures Reports, selecting patient list type

20. Type the number corresponding to the Beneficiary population you want to include in your report. This allows you to specify one of three options: American Indian and Alaska Natives (AI/AN) only, patients who are not AI/AN, or your entire population.

```
     Select one of the following:

          1         Indian/Alaskan Native (Classification 01)
          2         Not Indian Alaskan/Native (Not Classification 01)
          3         All (both Indian/Alaskan Natives and Non 01)

Select Beneficiary Population to include in this report: 1// 1  Indian/Alaskan N
ative (Classification 01)
```

Figure 6-35: Running Selected Measures Reports, selecting beneficiary population

21. A summary of the Selected Measures report will display (Figure 6-36).

```
      SUMMARY OF 2006 CLINICAL MEASURE PERFORMANCE REPORT TO BE GENERATED

The date ranges for this report are:
     Report Period:            Jul 01, 2004 to Jun 30, 2005
     Previous Year Period:     Jul 01, 2003 to Jun 30, 2004
     Baseline Period:          Jul 01, 1999 to Jun 30, 2000

The COMMUNITY Taxonomy to be used is: BETA TEST COMMUNITIES
The HOME location is: UNDESIG LOCS 808799

These performance measures will be calculated: Diabetes Comprehensive Care ; Dia
betes: Nephropathy Assessment ; Childhood Immunizations ; Cancer Screening: Pap
Smear Rates ;

Lists will be produced for these measures: Childhood Immunizations ; Cancer Scre
ening: Pap Smear Rates ;
```

Figure 6-36: Summary Screen for Selected Measures Report

22. Follow step 9 in section 6.3 above to determine the output (e.g., print to screen, delimited file, etc.) to finish running the report.

> **NOTE**: This is the last point from which you can exit before starting the report process. **The report may take 6-10 hours to run if you have included patient lists.** Always test your first report at night or on the weekend.
>
> If you need to exit, type a caret (^) at the "Device:" prompt.

```
Please choose an output type.  For an explanation of the delimited
file please see the user manual.

     Select one of the following:

          P         Print Report on Printer or Screen
          D         Create Delimited output file (for use in Excel)
          B         Both a Printed Report and Delimited File


Select an Output Option: P// B  Both a printed report and Delimited File

You have selected to create a delimited output file.  You can have this
output file created as a text file in the pub directory,
OR you can have the delimited output display on your screen so that
you can do a file capture.  Keep in mind that if you choose to
do a screen capture you CANNOT Queue your report to run in the background!!

     Select one of the following:

          S         SCREEN - delimited output will display on screen for capture
          F         FILE - delimited output will be written to a file in pub

Select output type: S// FILE - delimited output will be written to a file in pub
Enter a filename for the delimited output (no more than 40 characters): stst3-6

When the report is finished your delimited output will be found in the
 directory.  The filename will be stst3-6.txt

DEVICE: HOME//     Right Margin: 80//
```

Figure 6-37: Running the Selected Measures Report: Print Options

6.7.2 Running the Selected Measures with Patient Panel Report

1. From the Reports for Local Use Menu (Figure 6-28), type PP.

2. Information about the Selected Measures report is displayed and the taxonomies required to run the report will be checked (Figure 6-38). Press Enter to continue.

```
          2006 Clinical Performance Measure Report (Selected Measures)
            Report on all Patients in a User Defined Search Template

This will produce a Performance Measure Report for one or more measures for a
year period you specify.  You will be asked to provide: 1) the
reporting period, 2) the baseline period to compare data to, and 3) the
Community taxonomy to determine which patients will be included.

NOTE:  With this option all patients in a user defined search template
will be included in the report.  The user population and active clinical user
logic will NOT be applied.
You can create a search template using Q-MAN, PGEN, VGEN or other
RPMS options.

Checking for Taxonomies to support the CRS Report...

All taxonomies are present.

End of taxonomy check.  PRESS ENTER:
```

Figure 6-38: Running Selected Measures Patient Panel Report: Display Message

3. At the "Enter SEARCH TEMPLATE name:" prompt, type in the name of the Search Template (i.e. patient panel) you want to use. (See Appendix C: Creating a Patient Panel for assistance in creating a search template.)

   NOTE: This field is case-sensitive. Therefore, if the Caps Lock key is on and you enter the first few letters of the search template name, you will only see a list of search templates that are named in all capital letters; no search templates with names in lower case letters will be displayed.

4. Type the code of one of three pre-defined reports (i.e., DM, CVD, or WH) or type SEL to choose your own. The SEL option allows you to select one or multiple performance measure topics. See sections 5.2.4 through 5.2.6 for a description of the topics contained in the pre-defined topic reports.

   If you selected a pre-defined report (i.e., DM, CVD, or WH), skip to steps 16-19, steps 10-15, and 20-21 (in that order) to complete the report.

5. If you typed SEL (Selected), the Performance Measure Selection screen will appear with the list of available measure topics (Figure 6-30).

   Type a plus sign (+) at the "Select Action:" prompt to display the next page of the list of measures. Type a hyphen (-) at the "Select Action:" prompt to display the previous page of the list of measures.

6. Type S (Select Measure) to select specific topics.

7. Type the number(s) corresponding to the measure topics you want to select at the "Which Items?" prompt.

   You can type ranges (e.g., 1-4) or a series of number (e.g., 1, 4, 5, 10) or a combination of numbers and ranges (e.g., 1-4, 8, 12).

8. After pressing the Enter key, the measure topics you selected will have an asterisk at the left side (Figure 6-31).

9. Type Q (Quit) when you have completed selecting topics at the "Select Action:" prompt.

10. You must have security access to run any patient list. If you have security access and if you want patient lists in addition to the report, type Y (Yes) at the "Do you want individual patient lists for any of the measures?" prompt.

    The Measure List Selection screen will display. Only the topics that you have selected for your report will be listed.

    If you typed N (No), skip to step 16 to complete report selection.

11. Type S (Select List) to select patient lists for specific measure topics.

12. Type the number(s) corresponding to the measures you want to select at the "Which Items?" prompt.

    After pressing the Enter key, the topics you selected will have an asterisk at the left side.

13. Type Q (Quit) when you have completed selecting topics.

14. To select the list type, type the corresponding letter (i.e., R, P, or A) to select either a random patient list, a list of patients by a designated provider, or list containing all patients. See step 6 in section 6.4 for a description of the types of patient lists.

15. If you selected P (By Provider), type the designated provider name at the "Enter Designated Provider Name:" prompt.

16. Select the date range for the report by typing the number corresponding to the appropriate ending date for the report at the "Enter the date range for your report:" prompt. To ensure reporting accuracy and data comparability, end dates are predefined based on fiscal year quarters.

    All reports review and calculate data for at least a one year time period, i.e., searching patient records for data matching the numerator criteria for the entire Current Report period selected by the user.

17. Type the 4-digit calendar year for the report end date (e.g., 2005) at the "Enter Year:" prompt.

    NOTE: If you pick a report period end date that is greater than the date you are running the report, a warning message will be displayed advising you of this. A prompt will be displayed asking if you want to change your Current Report Dates. To continue with the report, accept the default answer of "no" by pressing enter. To change your report date range, type Y.

18. Type the 4-digit baseline year at the "Enter Year:" prompt.

19. The screen displays the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline and the Home location code.

20. A summary of the Selected Measures report will display (Figure 6-39).

```
      SUMMARY OF 2006 CLINICAL MEASURE PERFORMANCE REPORT TO BE GENERATED

The date ranges for this report are:
     Report Period:            Jan 01, 2005 to Dec 31, 2005
     Previous Year Period:     Jan 01, 2004 to Dec 31, 2004
     Baseline Period:          Jan 01, 2000 to Dec 31, 2000

The following search template of patients will be included in
this report: DEMO PATIENT PANEL
The HOME location is: UNDESIG LOCS 808799

These measures will be calculated: Diabetes Prevalence ; Diabetes Comprehensive
Care ;

Lists will be produced for these measures: Diabetes Prevalence ; Diabetes Compre
hensive Care ;
```

Figure 6-39: Running Selected Measures Patient Panel Report: Summary of Report to be Run

21. Follow step 9 in section 6.3 above to determine the output (e.g., print to screen, delimited file, etc.) to finish running the report.

> **NOTE**: This is the last point from which you can exit before starting the report process. **The report may take 6-10 hours to run if you have included patient lists.** Always test your first report at night or on the weekend.
>
> If you need to exit, type a caret (^) at the "Device:" prompt.

6.7.3 Running the Selected Measures with All Communities Report

1. From the Reports for Local Use Menu (Figure 6-28), type ALL.

2. Information about the Selected Measures report and a list of performance measure topics are displayed (Figure 6-40). Type the code of one of three pre-defined reports (i.e., DM, CVD, or WH) or type SEL to choose your own. The SEL option allows you to select one or multiple measure topics. See sections 5.2.4 through 5.2.6 for a description of the topics contained in the pre-defined topic reports.

```
        IHS 2006 Clinical Performance Measure Report (Selected Measures)
          Report on all Patients regardless of Community of Residence


This will produce a Performance Measure Report for one or more measures for a
year period you specify.  You will be asked to provide: 1) the
reporting period, and 2) the baseline period to compare data to.

NOTE:  With this option all patients in your database will be reviewed
regardless of what community they live in.  You will NOT be asked to enter
a community taxonomy name.


     Select one of the following:

          DM        Diabetes-Related Measures
          CVD       Cardiovascular Disease Prevention for At-Risk Patients
          WH        Women's Health-Related Measures
          SEL       Selected Measures (User Defined)

Which set of Measures should be included in this report:
```

Figure 6-40: Running Selected Measures All Communities Report: Display Message

If you selected a pre-defined report (i.e., DM, CVD, or WH), skip to steps 14-18, 8-13, and 19-21 (in that order) to complete the report.

3. If you typed SEL (Selected), the Performance Measure Selection screen will appear with the list of available topics. (Figure 6-30).

   Type a plus sign (+) at the "Select Action:" prompt to display the next page of the list of measures. Type a hyphen (-) at the "Select Action:" prompt to display the previous page of the list of measures.

4. Type S (Select Measure) to select specific topics.

5. Type the number(s) corresponding to the topics you want to select at the "Which Items?" prompt.

   You can type ranges (e.g., 1-4) or a series of number (e.g., 1, 4, 5, 10) or a combination of numbers and ranges (e.g., 1-4, 8, 12).

6. After pressing the Enter key, the topics you selected will have an asterisk at the left side (Figure 6-31).

7. Type Q (Quit) when you have completed selecting topics at the "Select Action:" prompt.

8. You must have security access to run any patient list. If you have security access and if you want patient lists in addition to the report, type Y (Yes) at the "Do you want individual patient lists for any of the measures?" prompt.

   The Measure List Selection screen will display. Only the topics that you have selected for your report will be listed.

If you typed N (No), skip to step 14 to complete report selection.

9. Type S (Select List) to select patient lists for specific measure topics.

10. Type the number(s) corresponding to the measures you want to select at the "Which Items?" prompt.

    After pressing the Enter key, the topics you selected will have an asterisk at the left side.

11. Type Q (Quit) when you have completed selecting topics.

12. To select the list type, type the corresponding letter (i.e., R, P, or A) to select either a random patient list, a list of patients by a designated provider, or list containing all patients. See step 6 in section 6.4 for a description of the types of patient lists.

13. If you selected P (By Provider), type the designated provider name at the "Enter Designated Provider Name:" prompt.

14. The taxonomies required to run the report will be checked. Press the Enter key to continue.

15. Select the date range for the report by typing the number corresponding to the appropriate ending date for the report at the "Enter the date range for your report:" prompt. To ensure reporting accuracy and data comparability, end dates are predefined based on fiscal year quarters.

    All reports review and calculate data for at least a one year time period, i.e., searching patient records for data matching the numerator criteria for the entire Current Report period selected by the user.

16. Type the 4-digit calendar year for the report end date (e.g., 2005) at the "Enter Year:" prompt.

    NOTE: If you pick a report period end date that is greater than the date you are running the report, a warning message will be displayed advising you of this. A prompt will be displayed asking if you want to change your Current Report Dates. To continue with the report, accept the default answer of "no" by pressing enter. To change your report date range, type Y.

17. Type the 4-digit baseline year at the "Enter Year:" prompt.

18. The screen displays the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline, and your Home location, as defined in the Site Parameters (section 4.2).

19. Type the number corresponding to the Beneficiary population you want to include in your report. This allows you to specify one of three options: American Indian and Alaska Natives (AI/AN) only, patients who are not AI/AN, or your entire population.

20. A summary of the Selected Measures report will display (Figure 6-41).

```
      SUMMARY OF 2006 CLINICAL MEASURE PERFORMANCE REPORT TO BE GENERATED

The date ranges for this report are:
     Report Period:            Jan 01, 2003 to Dec 31, 2003
     Previous Year Period:     Jan 01, 2002 to Dec 31, 2002
     Baseline Period:          Jan 01, 2000 to Dec 31, 2000

ALL Communities included.
The HOME location is: UNDESIG LOCS 808799

These measures will be calculated: Diabetes Prevalence ; Diabetes Comprehensive
Care ; Diabetes: Glycemic Control ; Diabetes: Blood Pressure Control ;

Lists will be produced for these measures:

Please choose an output type.  For an explanation of the delimited
file please see the user manual.


     Select one of the following:

          P         Print Report on Printer or Screen
          D         Create Delimited output file (for use in Excel)
          B         Both a Printed Report and Delimited File

Select an Output Option: P//
```

Figure 6-41: Running Selected Measures All Communities Report: Summary of Report to be Run

21. Follow step 9 in section 6.3 above to determine the output (e.g., print to screen, delimited file, etc.) to finish running the report.

> **NOTE**: This is the last point from which you can exit before starting the report process. **The report may take up to 24 hours or longer to run if you have included patient lists.** Always test your first report at night or on the weekend.
>
> If you need to exit, type a caret (^) at the "Device:" prompt.

6.7.4 Running the CMS Report

1. From the Reports for Local Use Menu (Figure 6-28), type CMS.

2. Information about the report is displayed, and you are prompted to enter the name of your hospital. The default facility name, as defined in the Site Parameters (section 4.2), is displayed. Press Enter to accept the default or type the name of a different hospital.

```
       IHS 2006 CRS - RPMS PATIENT DATA FOR ANNUAL CMS HOSPITAL REPORTING
This will produce a Performance Measure Report for one or more measures for a
period you specify.  You will be asked to provide: 1) the
reporting period and 2) which CMS measures to list.


Enter the name of your Hospital: DEMO HOSPITAL//
```

Figure 6-42: Running the CMS Performance Report: Selecting Hospital

3. The CMS Measure Selection screen will appear with the list of available measure topics. (Figure 6-43).

4. Type S (Select Measure) to select specific measures or type A (All Measures) to select all measures. If you typed A, skip to step 6.

5. If you typed S, type the number(s) corresponding to the measure you want to select at the "Which Items?" prompt.

   You can type ranges (e.g., 1-2) or a series of number (e.g., 1, 3).

6. After pressing the Enter key, the measures you selected will have an asterisk at the left side.

7. Type Q (Quit) when you have completed selecting measures at the "Select Action:" prompt.

```
CMS MEASURE SELECTION         May 03, 2006 10:27:19          Page:    1 of    1
CMS Performance Measures
* indicates the performance measure has been selected

1)  Heart Attack (Acute Myocardial Infarction or AMI) Treatment
2)  Heart Failure
3)  Pneumonia Treatment


          Enter ?? for more actions
S    Select Measure       A    All Measures
R    Remove Measure       Q    Quit
Select Action:+//
```

Figure 6-43: Running the CMS Performance Report: Selecting CMS Performance Measures

8. The taxonomies required to run the report will be checked. Press the Enter key to continue.

9. Select the date range for the report (Figure 6-44) by following steps a or b below.

```
     Select one of the following:

          1         January 1 - December 31
          2         April 1 - March 31
          3         July 1 - June 30
          4         October 1 - September 30
          5         User-Defined Report Period (enter beginning and ending date)

Enter the date range for your report:
```

Figure 6-44: Running the CMS Performance Report: Selecting Report Date Range

a. To select a pre-defined period (e.g. January 1 – December 31):

   i. Select one of the first four options.

   ii. Enter the calendar year of the report end date.

b. To enter your own report end date:

   i. Select option 5, User-Defined Report Period.

   ii. Enter the beginning date of the report period in MM/DD/CCYY format (e.g. 01/01/2006).

   iii. Enter the ending date of the report period in MM/DD/CCYY format (e.g. 03/31/2006).

10. At the "Device:" prompt type in a printer or file name. The default prompt may vary at different sites. If you want to print to your screen, turn on your logging or screen capture program before printing to screen, depending on the software you are using to access RPMS. To print a report to your screen without receiving multiple "Enter RETURN to continue" prompts, type 0;P-OTHER80 at the Home prompt.

    If you want to print to a file or you don't know your printer name, check with your Site Manager. At most sites, to print to a file, type Host or HFS, then designate the file location and name.

> **NOTE**: This is the last point from which you can exit before starting the report process. **The report may take up to several hours or longer to run since it includes patient lists.** Always test your first report at night or on the weekend.
>
> If you need to exit, type a caret (^) at the "Device:" prompt.

6.8 Running the GPRA Performance Report

1. Follow steps 1 through 4 in section 6.2 above to display the Other National Reports menu (Figure 6-45).

2. Type GPU at the "Select Other National Reports Option:" prompt.

```
                        ********************************
                        **      IHS/RPMS CRS 2006      **
                        **    Other National Reports   **
                        ********************************
                                  Version 6.1

                                 DEMO HOSPITAL


   GPU    GPRA Performance Report
   ELD    Elder Care Report
   HED    HEDIS Performance Report

Select Other National Reports Option: GPU  GPRA Performance Report
```

Figure 6-45: Other National Reports Menu

3. Information about the GPRA Performance report will appear and the site-populated taxonomies needed to run the report will be checked (Figure 6-46).

```
           IHS GPRA Performance Report for a User Selected Date Range

This will produce a National GPRA report for a year period you specify.

You will be asked to provide: 1) the reporting period, 2) the baseline
period to compare data to, 3) the Community taxonomy and 4) the patient
population (i.e. AI/AN only, non AI/AN, or both) to determine which
patients will be included.

You can choose to export this data to the Area office.  If you
answer yes at the export prompt, a report will be produced in export format
for the Area Office to use in Area aggregated data.  Depending on site specific
configuration, the export file will either be automatically transmitted
directly to the Area or the site will have to send the file manually.

Checking for Taxonomies to support the GPRA Performance Report...

All taxonomies are present.

End of taxonomy check.  PRESS ENTER:
```

Figure 6-46: Running the GPRA Performance Report: Report Description Display and Taxonomy check

4. Select the date range for the report (Figure 6-47) by following steps a or b below.

```
     Select one of the following:

          1         January 1 - December 31
          2         April 1 - March 31
          3         July 1 - June 30
          4         October 1 - September 30
          5         User-Defined Report Period

Enter the date range for your report:
```

Figure 6-47: Running the GPRA Performance report, selecting report date range

a. To select a pre-defined period (e.g. January 1 – December 31):

i. Select one of the first four options.

ii. Enter the calendar year of the report end date.

b. To enter your own report end date:

i. Select option 5, User-Defined Report Period.

ii. Enter the end date of the report in MM/DD/CCYY format (e.g. 11/30/2004).

5. Type the baseline year at the "Enter Year:" prompt. The screen displays the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline.

6. The screen prompts you for the Community taxonomy. Press the Enter key to select the default Community taxonomy or type a new name at the "Enter the Name of the Community Taxonomy:" prompt.

   Type the first few letters of the taxonomy name to see a selection, or type two question marks (??) to see the entire list.

7. Type the number corresponding to the Beneficiary population you want to review. This allows you to specify one of three options: American Indian and Alaska Natives (AI/AN) only, patients who are not AI/AN, or your entire population.

```
Select one of the following:

          1         Indian/Alaskan Native (Classification 01)
          2         Not Indian Alaskan/Native (Not Classification 01)
          3         All (both Indian/Alaskan Natives and Non 01)

Select Beneficiary Population to include in this report: 1// 1  Indian/Alaskan Native
(Classification 01)
```

Figure 6-48: Running the GPRA Performance report, selecting beneficiary population

8. The screen displays the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline, and your Home location, as defined in the Site Parameters (section 4.2).

9. Type Y or N at the "Do you wish to export this data to Area?" prompt. You should only choose this option when you are ready to send final data to your Area Office.

10. A summary of the GPRA Performance report will be displayed (Figure 6-49).

```
              SUMMARY OF IHS GPRA PERFORMANCE REPORT TO BE GENERATED
                             CRS 2006, Version 6.1

The date ranges for this report are:
     Report Period:            Jan 01, 2004 to Dec 31, 2004
     Previous Year Period:     Jan 01, 2003 to Dec 31, 2003
     Baseline Period:          Jan 01, 2000 to Dec 31, 2000

The COMMUNITY Taxonomy to be used is: BETA TEST COMMUNITIES
The Beneficiary Population is: Indian/Alaskan Native (Classification 01)
The HOME location is: UNDESIG LOCS 808799

Please choose an output type.  For an explanation of the delimited
file please see the user manual.


     Select one of the following:

          P         Print Report on Printer or Screen
          D         Create Delimited output file (for use in Excel)
          B         Both a Printed Report and Delimited File

Select an Output Option: P//
```

Figure 6-49: Summary Screen for GPRA Performance report

11. Follow step 9 in section 6.3 to determine the output (e.g., print to screen, delimited file, etc.) to finish running the report.

6.9 Running the Elder Care Report with Patient Lists

1. Follow steps 1 through 4 in section 6.2 above to display the Other National Reports menu (Figure 6-50).

2. Type ELD at the "Select Other National Reports Option:" prompt.

```
                        ********************************
                        **      IHS/RPMS CRS 2006      **
                        **    Other National Reports   **
                        ********************************
                                  Version 6.1

                                 DEMO HOSPITAL


   GPU    GPRA Performance Report
   ELD    Elder Care Report
   HED    HEDIS Performance Report

Select Other National Reports Option: ELD  Elder Care Report
```

Figure 6-50: Other National Reports Menu

3. Information about the Elder Care report will appear and you are asked to select the measures for the report (Figure 6-51).

   If you select All Measures, skip to step 9.

```
              2006 Elder Care Clinical Performance Measure Report

This will produce an Elder Care Performance Measure Report for all
ELDER performance measures for a year period you specify.  You will
be asked to provide: 1) the reporting period, 2) the baseline period
to compare data to, and 3) the Community taxonomy to determine which
patients will be included.

You will be given the opportunity to export this data to the Area office.
If you answer yes, this option will produce a report in export format for the
Area Office to use in Area aggregated data.  Depending on site specific
configuration, the export file will either be automatically transmitted
directly to the Area or the site will have to send the file manually.


There are 24 measures in the Elder Care Performance Measure Report.

     Select one of the following:

          S         Selected set of Measures
          A         All Measures

Run the report on: S// S  Selected set of Measures
```

Figure 6-51: Running the Elder Care Report, report description display and measure selection

4. If you typed S (Selected set of Measure), the Performance Measure Selection screen will appear with the list of available measure topics. (Figure 6-52).

   Type a plus sign (+) at the "Select Action:" prompt to display the next page of the entire list of measures. Type a hyphen (-) at the "Select Action:" prompt to display the previous page of the list of measures.

5. Type S (Select Measure) to select specific topics.

6. Type the number(s) corresponding to the topics you want to select at the "Which Items?" prompt.

   You can type ranges (e.g., 1-4) or a series of number (e.g., 1, 4, 5, 10) or a combination of numbers and ranges (e.g., 1-4, 8, 12).

```
PERFORMANCE MEASURE SELECTION May 03, 2006 11:35:46          Page:    1 of    2
IHS Elder Clinical Performance Measures
* indicates the performance measure has been selected

1)  Diabetes Prevalence
2)  Diabetes Glycemic Control
3)  Diabetes:  Blood Pressure Control
4)  Diabetes:  Lipids Assessment
5)  Diabetes: Nephropathy Assessment
6)  Diabetes Retinopathy
7)  Diabetes: Access to Dental Services
8)  Access to Dental Services
9)  Adult Immunizations: Influenza
10) Adult Immunizations: Pneumovax
11) Cancer Screening: Mammogram Rates
12) Colorectal Cancer Screening
13) Tobacco Use and Exposure Assessment
14) Intimate Partner (Domestic) Violence Screening
15) Depression Screening
16) Obesity Assessment
+         Enter ?? for more actions
S    Select Measure       D    De Select Measure    Q    Quit
Select Action:+// S Select Measure
```

Figure 6-52: Running Elder Care Report, Selecting Performance Measure Topics

7. After pressing the Enter key, the topics you selected will have an asterisk at the left side.

8. Type Q (Quit) when you have completed selecting topics at the "Select Action:" prompt.

9. The taxonomies required to run the report will be checked. Press the Enter key to continue.

10. Select the date range for the report (Figure 6-53) by following steps a or b below.

```
     Select one of the following:

          1         January 1 - December 31
          2         April 1 - March 31
          3         July 1 - June 30
          4         October 1 - September 30
          5         User-Defined Report Period

Enter the date range for your report:
```

Figure 6-53: Running the Elder Care report, selecting report date range

a. To select a pre-defined period (e.g. January 1 – December 31):

   i. Select one of the first four options.

   ii. Enter the calendar year of the report end date.

b. To enter your own report end date:

   i. Select option 5, User-Defined Report Period.

ii. Enter the end date of the report in MM/DD/CCYY format (e.g. 11/30/2004).

11. Type the baseline year at the "Enter Year:" prompt. The screen displays the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline.

12. The screen displays the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline.

13. The screen prompts you for the Community taxonomy. Press the Enter key to select the default Community taxonomy or type a new name at the "Enter the Name of the Community Taxonomy:" prompt.

    Type the first few letters of the taxonomy name to see a selection, or type two question marks (??) to see the entire list.

14. The screen displays your Home location, as defined in the Site Parameters (section 4.2).

15. You must have security access to run any patient list. If you have security access and want patient lists in addition to the report, type Y (Yes) at the "Do you want patient lists for any of the measures?" prompt. If you typed N (No), skip to step 22 to complete report selection.

16. The Elder Measure List Selection screen will display (Figure 6-54). Only the topics that you have selected for your report will be listed.

17. Type S (Select List) to select patient lists for specific measure topics.

18. Type the number(s) corresponding to the measures you want to select at the "Which Items?" prompt.

    After pressing the Enter key, the topics you selected will have an asterisk at the left side (Figure 6-54).

```
ELDER MEASURE LIST SELECTION  May 03, 2006 11:39:44          Page:    1 of    1
IHS FY 06 ELDER Performance Measure Lists of Patients
* indicates the list has been selected

*1)  Mammogram: List of female patients =>55 with mammogram/refusal, if any.
*2)  Colorectal Cancer: List of pts =>55 w/CRC screening,refusal&date, if any


          Enter ?? for more actions
S    Select List                        D    De Select List
A    All Lists                          Q    Quit
Select Action:+//
```

Figure 6-54: Running the Elder Care report, choosing patient lists

19. Type Q (Quit) when you have completed selecting topics.

20. To select the list type, type the corresponding letter (i.e., R, P, or A) to select either a random patient list, a list of patients by a designated provider, or list containing all patients. See step 6 in section 6.4 for a description of the types of patient lists.

21. If you selected P (By Provider), type the designated provider name at the "Enter Designated Provider Name:" prompt.

```
Select List Type.
NOTE:  If you select All Patients, your list may be
hundreds of pages and take hours to print.

     Select one of the following:

          R         Random Patient List
          P         Patient List by Provider
          A         All Patients

Choose report type for the Lists: R// P  Patient List by Provider
Enter Designated Provider Name: Acord,Arlis          AA
```

Figure 6-55: Running the Elder Care Report, selecting patient list type

22. Type the number corresponding to the Beneficiary population you want to review. This allows you to specify one of three options: American Indian and Alaska Natives (AI/AN) only, patients who are not AI/AN, or your entire population.

```
Select one of the following:

          1         Indian/Alaskan Native (Classification 01)
          2         Not Indian Alaskan/Native (Not Classification 01)
          3         All (both Indian/Alaskan Natives and Non 01)

Select Beneficiary Population to include in this report: 1// 1  Indian/Alaskan Native
(Classification 01)
```

Figure 6-56: Running the Elder Care report, selecting beneficiary population

23. **If you are running the report for all Elder measures,** type Y or N at the "Do you wish to export this data to Area?" prompt. You should only choose this option when you are ready to send final data to your Area Office.

24. A summary of the Elder Care report will be displayed (Figure 6-57).

```
                  SUMMARY OF FY 06 ELDER REPORT TO BE GENERATED

The date ranges for this report are:
     Report Period:            Jan 01, 2004 to Dec 31, 2004
     Previous Year Period:     Jan 01, 2003 to Dec 31, 2003
     Baseline Period:          Jan 01, 2000 to Dec 31, 2000

The COMMUNITY Taxonomy to be used is: BETA TEST COMMUNITIES

Please choose an output type.  For an explanation of the delimited
file please see the user manual.


     Select one of the following:

          P         Print Report on Printer or Screen
          D         Create Delimited output file (for use in Excel)
          B         Both a Printed Report and Delimited File

Select an Output Option: P//
```

Figure 6-57: Summary Screen for Elder Care Report

25. Follow step 9 in section 6.3 to determine the output (e.g., print to screen, delimited file, etc.) to finish running the report

6.10 Running the HEDIS Performance Report with Patient Lists

1. Follow steps 1 through 4 in section 6.2 above to display the Other National Reports menu (Figure 6-58).

2. Type HED at the "Select Other National Reports Option:" prompt.

```
                        **********************************
                        **      IHS/RPMS CRS 2006       **
                        **    Other National Reports    **
                        **********************************
                                  Version 6.1

                                 DEMO HOSPITAL


   GPU    GPRA Performance Report
   ELD    Elder Care Report
   HED    HEDIS Performance Report

Select Other National Reports Option: HED  HEDIS Performance Report
```

Figure 6-58: Other National Reports

3. Information about the HEDIS Performance report will appear and the site-populated taxonomies needed to run the report will be checked (Figure 6-59).

```
                2006 HEDIS Clinical Performance Measure Report

This will produce a HEDIS Performance Measure Report for all HEDIS measures
for a year period you specify.  You will be asked to provide: 1) the
reporting period, 2) the baseline period to compare data to, and 3) the
Community taxonomy to determine which patients will be included.

You will be given the opportunity to export this data to the Area office.
If you answer yes, this option will produce a report in export format for the
Area Office to use in Area aggregated data.  Depending on site specific
configuration, the export file will either be automatically transmitted
directly to the Area or the site will have to send the file manually.

Checking for Taxonomies to support the HEDIS Report...

All taxonomies are present.

End of taxonomy check.  PRESS ENTER:
```

Figure 6-59: Running the HEDIS Report, report description display and taxonomy check

4. Select the date range for the report by typing the number corresponding to the appropriate ending date for the report at the "Enter the date range for your report:" prompt. To ensure reporting accuracy and data comparability, end dates are predefined based on fiscal year quarters.

   All reports review and calculate data for at least a one year time period, i.e., searching patient records for data matching the numerator criteria for the entire Current Report period selected by the user.

5. Type the 4-digit calendar year for the report end date (e.g., 2006) at the "Enter Year:" prompt.

   NOTE: If you pick a report period end date that is greater than the date you are running the report, a warning message will be displayed advising you of this. A prompt will be displayed asking if you want to change your Current Report Dates. To continue with the report, accept the default answer of "no" by pressing enter. To change your report date range, type Y.

6. Type the 4-digit baseline year at the "Enter Year:" prompt.

7. The screen displays the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline.

8. The screen prompts you for the Community taxonomy. Press the Enter key to select the default Community taxonomy or type a new name at the "Enter the Name of the Community Taxonomy:" prompt.

   Type the first few letters of the taxonomy name to see a selection, or type two question marks (??) to see the entire list.

9. You must have security access to run any patient list. If you have security access and want patient lists in addition to the report, type Y (Yes) at the "Do you want individual lists for any measures?" prompt.

   The HEDIS Measure List Selection screen will display (Figure 6-60). All HEDIS measures topics will be listed.

   If you typed N (No), skip to step 16 to complete report selection.

10. Type S (Select List) to select patient lists for specific measure topics.

11. Type the number(s) corresponding to the measures you want to select at the "Which Items?" prompt.

12. After pressing the Enter key, the topics you selected will have an asterisk at the left side (Figure 6-60).

13. Type Q (Quit) when you have completed selecting topics.

```
Do you want individual lists for any of the selected measures? N//y Yes

HEDIS MEASURE LIST SELECTION  May 03, 2006 11:52:56          Page:    1 of    2
IHS FY 06 HEDIS Performance Measure Lists of Patients
* indicates the list has been selected

1)  Childhood Imm: List of patients without ALL childhood immunizations
2)  Adolescent Imm: List of pts w/o ALL adolescent immunizations
3)  URI: List of pts 3 mths-18yrs w/URI, with antibiotic, if any
4)  App. Testing Child w/Pharyngitis:
5)  Colorectal Cancer Screen: Pts 51-80 and CRC screening, if any
*6)  Breast Cancer Screen: Women 52-69 and Mammogram/refusal, if any
*7)  Cervical Cancer Screen: Women 21-64 and Pap Smear/refusal, if any
8)  Chlamydia Screen: Women 16-25 w/no documented test
9)  Osteoporosis Management: List of female pts w/new fracture w/tx, if any
10) BP Control: List of patients with hypertension and BP value, if any.
11) Beta-Blocker Tx After Heart Attack: List of pts w/AMI w/tx, if any
12) Beta-Blocker Tx: List of pts w/AMI, w/all beta-blocker meds, if any
13) Chol Mgt for Pts w/Card Cond: List  pts w/AMI, CABG w/LDL, if any
14) DM Care: List of diabetic patients w/documented tests, if any.
15) Asthma: List of asthmatic Pts w/primary asthma medications, if any
16) Antidepressant Med Mgt - List of pts w/new depression w/OPC,APT,CONPT
+         Enter ?? for more actions
S    Select List                        D    De Select List
A    All Lists                          Q    Quit
Select Action:+//
```

Figure 6-60: Running the HEDIS Report, choosing patient lists

14. Type the corresponding letter (i.e., R, P, or A) to select either a random patient list, a list of patients by a designated provider, or list containing all patients. See step 6 in section 6.4 for a description of the types of patient lists.
15. If you selected P (By Provider), type the designated provider name at the "Enter Designated Provider Name:" prompt.

```
Select List Type.
NOTE:  If you select All Patients, your list may be
Hundreds of pages and take hours to print.

     Select one of the following:

          R         Random Patient List
          P         Patient List by Provider
          A         All Patients

Choose report type for the Lists: R// P  Patient List by Provider
Enter Designated Provider Name: Acord,Arlis          AA
```

Figure 6-61: Running the HEDIS Report, selecting patient list type

16. Type the number corresponding to the Beneficiary population you want to review. This allows you to specify one of three options: American Indian and Alaska Natives (AI/AN) only, patients who are not AI/AN, or your entire population.

```
     Select one of the following:

          1         Indian/Alaskan Native (Classification 01)
          2         Not Indian Alaskan/Native (Not Classification 01)
          3         All (both Indian/Alaskan Natives and Non 01)

Select Beneficiary Population to include in this report: 1// 1  Indian/Alaskan N
ative (Classification 01)
```

Figure 6-62: Running the HEDIS Report, selecting beneficiary population

17. Type Y or N at the "Do you wish to export this data to Area?" prompt. You should only choose this option when you are ready to send final data to your Area Office.

18. A summary of the HEDIS report will be displayed (Figure 6-63).

```
                  SUMMARY OF FY 06 HEDIS REPORT TO BE GENERATED

The date ranges for this report are:
     Report Period:            Jan 01, 2004 to Dec 31, 2004
     Previous Year Period:     Jan 01, 2003 to Dec 31, 2003
     Baseline Period:          Jan 01, 1999 to Dec 31, 1999

The COMMUNITY Taxonomy to be used is: BETA TEST COMMUNITIES

All HEDIS measures will be calculated.

Please choose an output type.  For an explanation of the delimited
file please see the user manual.


     Select one of the following:

          P         Print Report on Printer or Screen
          D         Create Delimited output file (for use in Excel)
          B         Both a Printed Report and Delimited File

Select an Output Option: P//
```

Figure 6-63: Summary Screen for HEDIS report

19. Follow step 9 in section 6.3 to determine the output (e.g., print to screen, delimited file, etc.) to finish running the report.

6.11 Running the Lab Taxonomy Report

1. Follow steps 1 through 4 in section 6.2 above to display the Taxonomy Reports menu (Figure 6-64).

2. Type TXL at the "Select Taxonomy Reports Option:" prompt.

```
                          ****************************
                          **    IHS/RPMS CRS 2006    **
                          **  Taxonomy Reports Menu  **
                          ****************************
                                   Version 6.1

                                  DEMO HOSPITAL


   TXL    Lab Taxonomy Report
   TXM    Medication Taxonomy Report

Select Taxonomy Reports Option: TXL  Lab Taxonomy Report
```

Figure 6-64: Taxonomy Reports Menu

3. Information about the Lab Taxonomy Performance report will appear and you are advised that you may only run a printed version of the report. Type Y to continue (Figure 6-65).

4. At the "Device:" prompt, type in a printer or file name (Figure 6-65). The default prompt may vary at different sites. To print to your screen, turn on your logging or screen capture program before printing to screen, depending on the software you are using to access RPMS. To print a report to your screen without receiving multiple "Enter RETURN to continue" prompts, type 0;P-OTHER80 at the Home prompt.

   If you want to print to a file or you don't know your printer name, check with your Site Manager. At most sites, to print to a file, type Host or HFS, then designate the file location and name.

```
                              Lab Taxonomy Report
                             CRS 2006, Version 6.1

                     Site-Populated Lab Taxonomy Report

This will produce a report of all site-populated lab taxonomies for CRS 2006.
The report is organized by (1) taxonomies included in the National GPRA/GPRA
Performance Reports, (2) taxonomies included in all other CRS reports except
those exclusive to the CMS report, and (3) taxonomies exclusive to the CMS
report.

Each lab taxonomy is listed with the lab tests that have been assigned by
your facility for inclusion in the taxonomy.

You are only able to produce a printed version of this report.

Do you wish to continue? Y// YES
DEVICE: HOME//
```

Figure 6-65: Running the Lab Taxonomy Report, display message and selecting the device

6.12 Running the Medication Taxonomy Report

1. Follow steps 1 through 4 in section 6.2 above to display the Taxonomy Reports menu (Figure 6-66).

2. Type TXM at the "Select Taxonomy Reports Option:" prompt.

```
                           ****************************
                           **    IHS/RPMS CRS 2006    **
                           **  Taxonomy Reports Menu  **
                           ****************************
                                    Version 6.1

                                   DEMO HOSPITAL


   TXL    Lab Taxonomy Report
   TXM    Medication Taxonomy Report

Select Taxonomy Reports Option: TXM  Medication Taxonomy Report
```

Figure 6-66: Taxonomy Reports Menu

3. Information about the Medication Taxonomy Performance report will appear and you are advised that you may only run a printed version of the report. Type Y to continue (Figure 6-67).

4. At the "Device:" prompt, type in a printer or file name (Figure 6-67). The default prompt may vary at different sites. Turn on your logging or screen capture program before printing to screen, depending on the software you are using to access RPMS. To print a report to your screen without receiving multiple "Enter RETURN to continue" prompts, type 0;P-OTHER80 at the Home prompt.

   If you want to print to a file or you don't know your printer name, check with your Site Manager. At most sites, to print to a file, type Host or HFS, then designate the file location and name.

```
                          Medication Taxonomy Report
                            CRS 2006, Version 6.1

                    Site-Populated Medication Taxonomy Report

This will produce a report of all site-populated medication taxonomies for
CRS 2006.  The report is organized by (1) taxonomies included in the
National GPRA/GPRA Performance Reports, (2) taxonomies included in all other
CRS reports except those exclusive to the CMS report, and (3) taxonomies
exclusive to the CMS report.

Each medication taxonomy is listed with the medications that have been
assigned by your facility for inclusion in the taxonomy.

You are only able to produce a printed version of this report.

Do you wish to continue? Y// YES
DEVICE: HOME//
```

Figure 6-67: Running the Medication Taxonomy Report, display message and selecting the device

7.0 Area Office Specific Menu Options

Area Offices can produce summary reports with data aggregated from all sites for national reporting for the National GPRA, GPRA Performance, Elder Care, or HEDIS Performance reports. These summary, or aggregate, reports are generated from individual site export report files sent to the Area, which are created when a site chooses the export option when running the National GPRA, GPRA Performance, Elder Care, or HEDIS Performance reports.

In addition, Area Offices may aggregate height and weight data received from all sites within the Area into a single delimited file for exporting to the California Area Office, who will then transmit the file to the IHS Division of Epidemiology.

Service units with multiple facilities can also use this option to produce aggregated reports.

1. To open the Area Office Options menu, type AO at the "Select CRS 2006 Option" prompt at the main menu.

```
                      **********************************
                      **      IHS/RPMS CRS 2006       **
                      **  Clinical Reporting System   **
                      **********************************
                                Version 6.1

                               DEMO HOSPITAL


   RPT    Reports ...
   SET    System Setup ...
   AO     Area Options ...

Select CRS 2006 Option: AO  Area Options
```

Figure 7-1: Opening the Area Office Options menu

2. The Area Office Options menu is displayed.

```
                          **************************
                          **   IHS/RPMS CRS 2006   **
                          **  Area Office Options  **
                          **************************
                                 Version 6.1

                                DEMO HOSPITAL


   UPL    Upload Report Files from Site
   AGP    Run AREA National GPRA Report
   GPUA   Run AREA GPRA Performance Report
   AELD   Run AREA Elder Care Report
   AHED   Run Area HEDIS Report
   AHW    Run AREA Height and Weight Data File
   LSTF   List files in a directory

Select Area Options Option:
```

Figure 7-2: Area Office Options menu

The report options are defined below.

- UPL Upload Report Files from Site. To produce an Area report, the Area must first upload the FileMan data files from all facilities into the Area's CRS. Facilities can choose to create export data files when the National GPRA, GPRA Performance, Elder Care, or HEDIS Performance reports are run (see section 6.3, step 6; section 6.8, step 9; section 6.9, step 22 and section 6.10, step 17 above). The facility must either manually or automatically send the data file to a designated location on the Area server.

  NOTE: The data for the Height and Weight file is automatically included in the site's National GPRA report when it chooses to export its data to the Area Office.
- AGP Run AREA National GPRA Report
- GPUA Run AREA GPRA Performance Report
- AELD Run Area Elder Care Report
- AHED Run Area HEDIS Report
- AHW Run AREA Height and Weight Data File
- LSTF List files in a directory. This menu option allows you to see a list of facility data files available on your designated network location.

For the National GPRA report, Area Offices must provide sites with the GPRA community taxonomy before the site runs its export reports for National GPRA reporting. The **designated IHS Report Coordinator** for the annual National GPRA report should convey this information to the Area Office GPRA Coordinators.

For the GPRA Performance, Elder Care, and HEDIS reports, Area Offices must provide sites with the following information before the site runs their export reports:

- Date range (e.g., January 1 – December 31; July 1 – June 30);
- Fiscal year for the report end date;
- Baseline fiscal year; and
- Population (e.g., AI/AN only [Beneficiary 01])

CRS will only aggregate site export files where all these factors are identical.

For all of the Area Aggregate reports, including the Height and Weight file, sites must provide their Area contact with their export file name after the report is run; sites may be requested to FTP the export file to the Area server.

7.1 Upload Export Data File from Site (UPL)

This option is used by Areas to upload data files that have been manually sent via FTP or transmitted automatically by service units. Once these files have been received and uploaded, they can be used in an area aggregate report. Areas will have to execute this option each time a service unit sends a data file.

1. Type UPL at the "Area Options Option:" prompt on the Area Options menu (Figure 7-3).

```
                          **************************
                          **   IHS/RPMS CRS 2006   **
                          **  Area Office Options  **
                          **************************
                                 Version 6.1

                                DEMO HOSPITAL


   UPL    Upload Report Files from Site
   AGP    Run AREA National GPRA Report
   GPUA   Run AREA GPRA Performance Report
   AELD   Run AREA Elder Care Report
   AHED   Run Area HEDIS Report
   AHW    Run AREA Height and Weight Data File
   LSTF   List files in a directory

Select Area Options Option: UPL  Upload Report Files from Site
```

Figure 7-3: Uploading Data File from Site

2. Type the appropriate directory name at the "Enter directory path:" prompt. This is the Area network directory to which the facility's data files have been sent via FTP (File Transfer Protocol) at the time the facility ran the requested Performance reports (section 5.0).

> **NOTE:** You will be informed by your Area Office information systems personnel which directory should be used.

3. Type the name of the file you wish to upload at the "Enter Filename w /ext:" prompt. This file name is assigned by CRS at the time the facility runs the

National GPRA, GPRA Performance, Elder Care, or HEDIS Performance reports (see section 6.3, step 6; section 6.8, step 9; section 6.9, step 22 and section 6.10, step 17 above).

NOTE: The data for the Height and Weight file is automatically included in the site's National GPRA report when it chooses to export its data to the Area Office.

NOTE: Each Area should establish a process with the GPRA or QA Coordinators at each site to record and transmit export data file names at the time the facility reports are run. It is strongly recommended that each Area establish a quarterly review process for the GPRA Performance reporting data, which includes all GPRA measures and some additional key clinical performance measures.

4. The following messages display on your screen: `All done reading file`, `Processing`, and `Data uploaded`. If you do not see these messages, the file was not uploaded.

5. If you have typed the file name incorrectly or CRS cannot locate the file, the following message will display: `CANNOT OPEN (OR ACCESS) FILE '/[directory name]/[filename]'.`

6. The "Enter RETURN to continue or '^' to exit:" prompt will display. Press Enter.

7. The "Enter Filename w /ext:" prompt will display again. Type the name of the file to be uploaded.

8. To exit, type the caret (^) at the prompt. The "Enter directory path:" prompt displays.

9. Type in a new directory, or the caret (^) to exit back to the Area Options menu.

```
This option is used to upload a SU's 2006 CRS data.
You must specify the directory in which the CRS data file resides
and then enter the filename of the data.

Enter directory path (i.e. /usr/spool/uucppublic/): q:\
Enter filename w /ext (i.e. BG06101201.5): bg06808701.30
Directory=q:\  File=bg06808701.30
All done reading file

Processing
...

Data uploaded.
Enter RETURN to continue or '^' to exit:

Enter filename w /ext (i.e. BG06101201.5): bg06404201.23
Directory=q:\  File=bg06404201.23

All done reading file

Processing

Data uploaded.

Enter filename w /ext (i.e. BG06101201.5): ^
Enter directory path (i.e. /usr/spool/uucppublic/): ^

Directory not entered!!  Bye.
Enter RETURN to continue or '^' to exit: ^
```

Figure 7-4: Uploading Site Export Data File: Specifying Location and File Name

7.2 Run Area Aggregate Reports

There are four menu options for running Area reports used by the Area Office to produce an aggregated Performance report. The Area reports summarize the performance of all facilities/service units to produce Area-wide statistics.

The data uploaded from the facilities must have the following matching elements:

- Report type (i.e. National GPRA, GPRA Performance, Elder Care, HEDIS Performance)
- Date ranges (e.g. July 1 through June 30)
- Calendar year end dates (e.g. 2006)
- Baseline year (e.g. 2000)
- Population type (e.g. AI/AN only)

This information is pre-defined in the National GPRA report but is not pre-defined in the GPRA Performance, Elder Care, or HEDIS Performance report. For these reports, you will need to specify the elements listed above.

7.2.1 Run Area National GPRA Report (AGP)

This option is used by the Area to produce an area aggregate National GPRA report. The National GPRA report contains clinical measures (specific denominators and numerators) defined in the IHS GPRA Performance Plan as well as other measures representing potential new GPRA measures and/or other strategic agency clinical focus, e.g., Comprehensive CVD-Related Assessment. This report will aggregate all data files received to date from the service units.

1. Type AGP at the "Select Area Options Option:" prompt on the Area Office Options menu.

```
                          **************************
                          **   IHS/RPMS CRS 2006   **
                          **  Area Office Options  **
                          **************************
                                 Version 6.1

                                DEMO HOSPITAL


   UPL    Upload Report Files from Site
   AGP    Run AREA National GPRA Report
   GPUA   Run AREA GPRA Performance Report
   AELD   Run AREA Elder Care Report
   AHED   Run Area HEDIS Report
   AHW    Run AREA Height and Weight Data File
   LSTF   List files in a directory

Select Area Options Option: AGP  Run AREA National GPRA Report
```

Figure 7-5: Running Area National GPRA Report

2. The screen displays the date ranges that have been pre-defined for the report, including Report (Current), Previous Year and Baseline.

```
                   [AREA] Aggregate National GPRA Report

The date ranges for this report are:
     Report Period:            Jul 01, 2005 to Jun 30, 2006
     Previous Year Period:     Jul 01, 2004 to Jun 30, 2003
     Baseline Period:          Jul 01, 1999 to Jun 30, 2000

     Select one of the following:

          A         AREA Aggregate
          F         One Facility

Run Report for: A// A AREA Aggregate


You will now be able to select which sites to use in the
area aggregate/facility report.

Press Enter to Continue:
```

Figure 7-6: Running Area National GPRA Report: Pre-defined Report Dates and Selecting Report Type

3. Type A (Area Aggregate) or F (One Facility) at the "Run Report for:" prompt. The default option is *A.*

   The Area Aggregate option will run a report that combines the data for all sites. The One Facility option will run a report similar to the facility National GPRA report (section 5.1.1). The example here is an Area Aggregate report.

4. You will now select which sites to include in the report. Press Enter to continue.

5. All facilities that have had their data files uploaded for the selected time period will be displayed onscreen. Review the list. Type + to view the next page of the facilities if there is more than one page of facilities. Type – to return to the previous page of facilities.

6. Select the facilities to be included in your report, as described below.

   - To select all facilities for the report, type A.
   - To select one facility at a time, type S, then the number of the facility you want to select.
   - To remove a facility from the list, type R, then the number of the facility.

   After pressing the Enter key, all facilities you selected will have an asterisk at the left side, as shown in Figure 7-7.

```
AREA AGGREGATE SITE SELECTION May 03, 2006 12:19:24          Page:    1 of    1
Area Aggregate Site Selection
* indicates the site has been selected
+ after the facility name denotes a CHS Only Site

#    SU         FACILITY       BEG DATE  END DATE  BASE BEG  BASE END  DATE RUN

*1)   DEMO SU 1  DEMO HOSPITAL  07/01/05  06/30/06  07/01/99  06/30/00  04/29/06
*2)   DEMO SU 2  DEMO HOSP 2+   07/01/05  06/30/06  07/01/99  06/30/00  05/01/06


          Enter ?? for more actions
A    Area Aggregate   All Facilities    R    Remove (unselect) Facility
S    Select Facility
Select Action:+// Q  Quit
```

Figure 7-7: Running Area National GPRA Report: Selecting Facilities for the Report

7. Type Q (Quit) when you have completed selecting facilities at the "Select Action:" prompt.

8. The name of three delimited text files and the network directory to which they will be saved to are displayed on the screen (Figure 7-8).

NOTE: The delimited file used for National GPRA reporting has been expanded to three files. One file begins with "GPRANT1" and the other two begin with "CRSNT1" and "CRSNT2". All of these files need to be sent for National GPRA reporting.

- **National GPRA Report Files:** The file beginning with "GPRANT1" is used by California Area to create IHS national rates for all GPRA performance measures reported to Congress in the Annual GPRA Performance Report.

- **National Report Files:** The files beginning with "CRSNT1" and "CRSNT2" are used by California Area to create IHS national rates for all performance measures reported nationally but which are not reported to Congress in the Annual GPRA Performance Report.

  All three of these files may be used in Excel to create graphs and other summary reports (Appendix B: Working with Delimited Files).

9. Type the corresponding letter for your Area Aggregate report output at the "Select an Output Option:" prompt

   - P (Print) will send the report file to your printer, your screen or an electronic file.
   - D (Delimited Output) will produce an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation. (See Appendix B for detailed instructions in creating an Excel file.)
   - B (Both) will produce both a printed report and a delimited file.

10. If you select P Print, type in a printer or file name at the "Device:" prompt. In the example below, the default prompt is Home, which prints directly to the screen. The default prompt may vary at different sites. If you want to print to a file or you do not know your printer name, check with your Site Manager.

    Generally you should plan to queue your report to run off hours, when the network is not as busy. At most sites, you can queue your report to print by typing Q at the prompt. Check with your Site Manager if you need further information about how to specify each of these options.

    If you select D (Delimited) at the "Select an Output Option:" prompt, you will be prompted to print your file to the screen (S) or to an electronic file (F). If this report will take several hours to run, it is recommended to print to a file.

    If you select F (File), type the name of the delimited file at the "Enter a filename for the delimited output:" prompt. File names cannot exceed 40 characters and will automatically be given the extension .txt. Most sites will be set up to

automatically print the file to your network's Public directory. You may need to FTP the delimited file from Pub to your computer. Ask your Site Manager for additional information about retrieving files from your local network.

You will be prompted to queue the report to run at a later time. You can specify another day or another time.

```
A total of 2 facilities have been selected.

A file will be created called CRSNT180870120060630000000020060503122247_000002.
TXT
and will reside in the Q:\ directory. This file can be used in Excel.


A file will be created called CRSNT280870120060630000000020060503122247_000002.
TXT
and will reside in the Q:\ directory. This file can be used in Excel.


A file will be created called GPRANT180870120060630000000020060503122247_000002
.TXT
and will reside in the Q:\ directory. This file can be used in Excel.

Please choose an output type.  For an explanation of the delimited
file please see the user manual.


     Select one of the following:

          P         Print Report on Printer or Screen
          D         Create Delimited output file (for use in Excel)
          B         Both a Printed Report and Delimited File

Select an Output Option: P//
```

Figure 7-8: Running Area National GPRA Report: Selecting Output Option

Both the printed and delimited reports include a cover page displaying a list of all facilities and communities included in the report data (Figure 7-9). The report data is aggregated for each measure.

```
                                Cover Page

         ***  IHS 2006 National GPRA Clinical Performance Report  ***
                            CRS 2006, Version 6.1
                                AREA AGGREGATE
                         Date Report Run:  May 1, 2006
                            Site where Run:  [AREA]
                     Report Generated by:  KLEPACKI,STEPHANIE
                   Report Period: Jul 01, 2005 to Jun 30, 2006
               Previous Year Period:  Jul 01, 2004 to Jun 30, 2005
                  Baseline Period:  Jul 01, 1999 to Jun 30, 2000
--------------------------------------------------------------------------------

 Report includes data from the following facilities:
   1.  HOPI HEALTH CARE CENTER
   2.  ELKO
   3.  PARKER HOSP
   4.  WHITERIVER H
   5.  FT. YUMA HOSP
   6.  OWYHEE HOSPITAL
   7.  SAN CARLOS

 The following communities are included in this report:

   HOPI HEALTH CARE CENTER
     Communities:
          BACABI              BLUE BIRD CN                HOTEVILLA
          KEAMS CANYON        KYKOTSMOVI                  LEUPP
          MISHONGNOVI         ORAIBI,OLD                  POLACCA
          SECOND MESA         SHIPAULOVI                  SHUNGOPOVI
          SICHOMOVI           SKUNK SPRGS                 SNOWBIRD
          SPIDER MOUND        TELEHOGAN                   TEWA
          TOREVA              WALPI
   ELKO
     Communities:
          BAKER               BATTLE MOUNTAIN             BEOWAWE
          CARLIN              CRESCENT VALLEY             ELKO
          ELY                 EUREKA EAST                 GOSHUTE(IBAPAH)
          HALLECK             JACKPOT                     JARBIDGE
          LAMOILLE            LUND                        MCGILL
          MONTELLO            OSINO                       RUBY VALLEY
          RUTH                RYNDON                      SOUTH FORK
          SPRING CREEK        WENDOVER
   PARKER HOSP
     Communities:
          BIG RIVER           BLYTHE                      BOUSE
          BULLHEAD CITY       CHEMEHUEVI VALLEY           CHLORIDE
          DOLAN SPRINGS       EARP                        EHRENBERG
          KINGMAN             LAKE HAVSU C                MOHAVE VALLE
          NEEDLES             OATMAN                      PARKER
          PARKER DAM          PEACH SPRGS                 POSTON
          QUARTZSITE          RIVIERA                     SALOME
          SELIGMAN            SUPAI                       TOPOCK
          TRUXTON             VALENTINE                   VIDAL
          WENDEN              WICKIEUP                    WILLIAMS
          YUCCA
   WHITERIVER H
     Communities:
          CANYON DAY          CARRIZO                     CEDAR CREEK
          CIBECUE             DIAMOND CRK                 EAST FORK
          FORT APACHE         HON-DAH/INDIAN PINE         MCNARY
          RAINBOW CITY        SEVEN MILE                  WHITE RIV NE
          WHITE RIV NW        WHITE RIV SE                WHITE RIV SW
```

```
        WHITERIVER
  FT. YUMA HOSP
    Communities:
        1090                BARD                    BRAWLEY
        DATELAND            EL CENTRO               GADSDEN
        IMPERIAL            LIGURTA                 MOHAWK
        RIVERSIDE SCHOOL    ROLL                    SAN LUIS (AZ 288)
        SOMERTON            TACNA                   WELLTON
        WINTERHAVEN         YUMA

  OWYHEE HOSPITAL
    Communities:
        11-MILE CORN        BOISE                   CALDWELL
        FILER               GLENNS FERRY            MOUNTAIN HOME
        NAMPA               TWIN FALLS

  SAN CARLOS
    Communities:
        7-MILE WASH         BYLAS                   CALVA
        CLAYPOOL            CLIFTON                 COOLIDGE DAM
        CUTTER              DUNCAN                  EDEN
        FORT THOMAS         GERONIMO                GILSON WASH
        GLOBE               LOW. PERIDOT            MIAMI
        MORENCI             NORTH GILSON            PERIDOT
        PERIDOT HEIGHTS     PHOENIX                 PIMA
        SAFFORD             SAN CARLOS              SENECA
        SOUTH GILSON        THATCHER                UP. PERIDOT
        WHITERIVER          YOUNG
```

Figure 7-9: Sample Area National GPRA Report Cover Page for Phoenix Area

At the end of the report are a Clinical Performance Summary and a Clinical Performance Detail section. The Summary lists the Area aggregate performance measure rates for the Current, Previous, and Baseline periods as well as the GPRA 2006 Goal, National 2005 performance, and 2010 goal for each measure in the report. A sample Summary is shown in Figures 7-10 through 7-12. The Clinical Performance Detail section shows the performance measure rates by each facility with the Area. An example is shown in Figure 7-13.

SK Apr 20, 2006 Page 1

*** IHS 2006 National GPRA Clinical Performance Measure Report ***

AREA AGGREGATE

Report Period: Jul 01, 2005 to Jun 30, 2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

Baseline Period: Jul 01, 1999 to Jun 30, 2000

CLINICAL PERFORMANCE SUMMARY

	Area Current	Area Previous	Area Baseline	GPRA06 Goal	Nat'l 2005	2010 Goal
DIABETES						
*Diabetes DX Ever	10.1%	9.6%	8.5%	N/A	11.0%	N/A
*Documented A1c	83.2%	73.2%	84.2%	N/A	78.0%	50.0%
Poor Glycemic Control >9.5	23.9%	14.8%	25.4%	Maintain	15.0%	TBD
Ideal Glycemic Control <7	27.7%	12.8%	23.7%	32.0%	30.0%	40.0%
*BP Assessed	98.1%	91.3%	93.9%	N/A	89.0%	N/A
Controlled BP <130/80	37.4%	32.9%	35.1%	Maintain	37.0%	50.0%
LDL Assessed	39.4%	0.7%	10.5%	56.0%	53.0%	70.0%
Nephropathy Assessed	58.1%	14.1%	0.9%	50.0%	47.0%	70.0%
Retinopathy Exam	57.4%	61.7%	53.5%	@ BASELINE	@50.0%	70.0%
				# Maintain	#50.0%	70.0%
*Depression Assessed	3.9%	4.0%	3.5%	N/A	N/A	N/A
*Influenza Vaccine	76.1%	65.8%	65.8%	N/A	N/A	N/A
*Pneumovax Vaccine Ever	86.5%	84.6%	87.7%	N/A	N/A	N/A
DENTAL						
Dental Access General	16.9%	19.6%	20.1%	Maintain	24.0%	40.0%
Sealants	290	938	840	Maintain	249,882	TBD
Topical Fluoride						
*# Applications	316	314	128	N/A	113,324	N/A
# Patients	240	270	122	Maintain	85,318	TBD
IMMUNIZATIONS						
Influenza 65+	77.4%	67.5%	68.4%	Maintain	59.0%	90.0%
Pneumovax Ever 65+	82.9%	78.1%	75.0%	72.0%	69.0%	90.0%
Childhood 19-35 mos						
*Active Clinical Pts	80.8%	68.9%	66.7%	N/A	N/A	80.0%
Active IMM Pkg Pts	84.0%	0.0%	0.0%	Maintain	&75.0%	80.0%
CANCER-RELATED						
Pap Smear Rates 21-64	62.6%	63.1%	66.7%	Maintain	60.0%	90.0%
Mammogram Rates 52-64	57.0%	52.5%	44.2%	Maintain	41.0%	70.0%
Colorectal Cancer 51-80	14.7%	14.8%	18.4%	Baseline	!23.0%	50.0%
*Tobacco Assessment 5+	3.4%	1.8%	1.5%	N/A	34.0%	N/A
*Tobacco Use Prevalence	50.0%	28.0%	57.1%	N/A	N/A	N/A
Tobacco Cessation	10.4%	0.0%	0.0%	Baseline	N/A	75.0%
BEHAVIORAL HEALTH						
FAS Prevention 15-44	3.9%	3.0%	3.0%	12.0%	11.0%	25.0%
**IPV/DV Screen 15-40	3.8%	1.2%	1.6%	14.0%	13.0%	25.0%
Depression Screen 18+	4.4%	2.9%	2.3%	Baseline	N/A	20.0%

Figure 7-10: Sample Area National GPRA Report Summary Page, page 1

SK Apr 20, 2006 Page 2
*** IHS 2006 National GPRA Clinical Performance Measure Report ***
AREA AGGREGATE
Report Period: Jul 01, 2005 to Jun 30, 2006
Previous Year Period: Jul 01, 2004 to Jun 30, 2005
Baseline Period: Jul 01, 1999 to Jun 30, 2000

CLINICAL PERFORMANCE SUMMARY

	Area Current	Area Previous	Area Baseline	GPRA06 Goal	Nat'l 2005	2010 Goal
CVD-RELATED						
*BMI Measured 2-74	14.8%	15.5%	17.7%	N/A	64.0%	N/A
*Assessed as Obese	34.9%	38.4%	35.7%	N/A	N/A	N/A
Children 2-5 w/BMI =>95%	17.1%	29.3%	11.9%	Baseline	N/A	Reduce 10%
Cholesterol Screening 23+	14.4%	13.5%	9.7%	44.0%	43.0%	80.0%
*BP Assessed 20+	84.1%	84.1%	79.5%	N/A	N/A	95.0%
*With Normal BP	15.3%	16.2%	19.3%	N/A	N/A	N/A
*With Pre-HTN I BP	19.9%	18.3%	18.8%	N/A	N/A	N/A
*With Pre-HTN II BP	27.0%	27.0%	21.5%	N/A	N/A	N/A
*With Stage 1 HTN BP	19.9%	19.7%	17.4%	N/A	N/A	N/A
*With Stage 2 HTN BP	1.9%	2.9%	2.5%	N/A	N/A	N/A
*BP Assessed in IHD Pts	100.0%	100.0%	100.0%	N/A	N/A	95.0%
*With Normal BP	12.0%	24.0%	46.7%	N/A	N/A	N/A
*With Pre-HTN I BP	32.0%	20.0%	13.3%	N/A	N/A	N/A
*With Pre-HTN II BP	24.0%	28.0%	13.3%	N/A	N/A	N/A
*With Stage 1 HTN BP	32.0%	20.0%	20.0%	N/A	N/A	N/A
*With Stage 2 HTN BP	0.0%	8.0%	6.7%	N/A	N/A	N/A
*Comp CVD-related Assessment						
*BP Assessed	87.2%	87.1%	79.8%	N/A	N/A	95.0%
*LDL Assessed	10.9%	0.4%	0.8%	N/A	N/A	85.0%
*Tobacco Assessed	3.5%	0.0%	1.2%	N/A	N/A	50.0%
*BMI Measured	4.3%	7.1%	6.3%	N/A	N/A	45.0%
*Lifestyle Counseling	4.7%	4.7%	11.1%	N/A	N/A	75.0%
*Depression Screen	6.2%	5.1%	4.0%	N/A	N/A	20.0%
*All Assessments	0.4%	0.0%	0.0%	N/A	N/A	15.0%
*Beta-Blocker After AMI 35+	100.0%	0.0%	0.0%	N/A	N/A	N/A
*Persistence of Beta-Blocker After AMI 35+	50.0%	100.0%	100.0%	N/A	N/A	N/A
*LDL after Cardiovascular Event 18-75	41.4%	0.0%	6.3%	N/A	N/A	N/A
*With LDL <=100	3.4%	0.0%	6.3%	N/A	N/A	N/A
*With LDL 101-130	6.9%	0.0%	0.0%	N/A	N/A	N/A
*With LDL >130	3.4%	0.0%	0.0%	N/A	N/A	N/A
OTHER CLINICAL						
Prenatal HIV Testing	72.1%	12.0%	9.3%	55.0%	54.0%	95.0%
*Prediabetes/Met Syndrome All Assessments	16.7%	0.0%	0.0%	N/A	N/A	N/A
*Public Health Nursing	2732	3414	2726	N/A	438,376	N/A

Figure 7-11: Sample Area National GPRA Report Summary Page, page 2

```
SK                                Apr 20, 2006                        Page 3
       *** IHS 2006 National GPRA Clinical Performance Measure Report ***
                                AREA AGGREGATE
                  Report Period: Jul 01, 2005 to Jun 30, 2006
               Previous Year Period:  Jul 01, 2004 to Jun 30, 2005
                  Baseline Period:  Jul 01, 1999 to Jun 30, 2000
--------------------------------------------------------------------------------
                          CLINICAL PERFORMANCE SUMMARY
                           Area    Area     Area     GPRA06     Nat'l    2010
                          Current Previous Baseline  Goal       2005     Goal
--------------------------------------------------------------------------------

(* - Not GPRA measure for FY 2006)
(@ - National Retinopathy goal/rate)
(# - Designated site goal/rate)
(& - Data source other than CRS)
(! - Included in National GPRA report for 2005 but not GPRA measure in 2005)
(** - Age range for IPV/DV changed from 16-24 to 15-40 in 2005)
```

Figure 7-12: Sample Area National GPRA Report Summary Page, page 3

```
SK                                Apr 20, 2006                          Page 1
       *** IHS 2006 National GPRA Clinical Performance Measure Report ***
                                AREA AGGREGATE
                  Report Period: Jul 01, 2005 to Jun 30, 2006
               Previous Year Period:  Jul 01, 2004 to Jun 30, 2005
                  Baseline Period:  Jul 01, 1999 to Jun 30, 2000
--------------------------------------------------------------------------------
                          CLINICAL PERFORMANCE DETAIL
                       Site     Site    Site  Area     GPRA06   National  2010
                     Current   Prev    Base  Current  Goal      2005     Goal
--------------------------------------------------------------------------------

DIABETES

*Diabetes DX Ever                                 XX.X%   N/A       11.0%    N/A
 999999 FACILITY #1    XX.X%    XX.X%    XX.X%
 999999 FACILITY #2    XX.X%    XX.X%    XX.X%

*Documented A1c                                   XX.X%   N/A       78.0%    50.0%
 999999 FACILITY #1    XX.X%    XX.X%    XX.X%
 999999 FACILITY #2    XX.X%    XX.X%    XX.X%

Poor Glycemic Control >9.5                        XX.X%   Maintain  15.0%    TBD
 999999 FACILITY #1    XX.X%    XX.X%    XX.X%
 999999 FACILITY #2    XX.X%    XX.X%    XX.X%

Ideal Glycemic Control <7                         XX.X%   32.0%     30.0%    40.0%
 999999 FACILITY #1    XX.X%    XX.X%    XX.X%
 999999 FACILITY #2    XX.X%    XX.X%    XX.X%

*BP Assessed                                      XX.X%   N/A       89.0%    N/A
 999999 FACILITY #1    XX.X%    XX.X%    XX.X%
 999999 FACILITY #2    XX.X%    XX.X%    XX.X%

Controlled BP <130/80                             XX.X%   Maintain  37.0%    50.0%
 999999 FACILITY #1    XX.X%    XX.X%    XX.X%
 999999 FACILITY #2    XX.X%    XX.X%    XX.X%

LDL Assessed                                      XX.X%   56.0%     53.0%    70.0%
 999999 FACILITY #1    XX.X%    XX.X%    XX.X%
 999999 FACILITY #2    XX.X%    XX.X%    XX.X%
```

Figure 7-13: Sample Area National GPRA Report Clinical Performance Detail section

7.2.2 Run Area GPRA Performance Report (GPUA)

The Area Office GPRA Performance Report option (GPUA) is used by the Area to produce an Area-wide GPRA Performance report. This report aggregates all data files received to date from facilities and reports the total Area-wide numbers.

The measures included in this report are exactly the same as the National GPRA report; however, the GPRA Performance report is different from the National GPRA report as it can be run for different types of user populations: American Indian and Alaska Natives (AI/AN) only, non AI/AN, or both. It can also be run for different date ranges, whereas the National GPRA report uses pre-defined date ranges. Patient lists are NOT included in the Area Aggregate report.

NOTE: To run the Area Aggregate GPRA Performance report, the data uploaded from the facilities must have the same report period, baseline period, and patient population.

1. Type GPUA at the "Select Area Options Option:" prompt on the Area Office Options menu.

```
                          **************************
                          **   IHS/RPMS CRS 2006   **
                          **  Area Office Options  **
                          **************************
                                 Version 6.1

                                DEMO HOSPITAL


   UPL    Upload Report Files from Site
   AGP    Run AREA National GPRA Report
   GPUA   Run AREA GPRA Performance Report
   AELD   Run AREA Elder Care Report
   AHED   Run Area HEDIS Report
   AHW    Run AREA Height and Weight Data File
   LSTF   List files in a directory

Select Area Options Option: GPUA  Run AREA GPRA Performance Report
```

Figure 7-14: Opening the Area GPRA Performance Report from the Area Office Options Menu

2. Select the date range for the report (Figure 7-15) by following steps a or b below.

```
     Select one of the following:

          1         January 1 - December 31
          2         April 1 - March 31
          3         July 1 - June 30
          4         October 1 - September 30
          5         User-Defined Report Period

Enter the date range for your report:
```

Figure 7-15: Running the Area GPRA Performance Report, selecting report date range

a. To select a pre-defined period (e.g. January 1 – December 31):

   i. Select one of the first four options.

   ii. Enter the calendar year of the report end date.

b. To enter your own report end date:

   i. Select option 5, User-Defined Report Period.

   ii. Enter the end date of the report in MM/DD/CCYY format (e.g. 11/30/2004).

3. Type the baseline year at the "Enter Year:" prompt. The screen displays the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline.

```
   [AREA] Aggregate GPRA Performance Report with user defined date range

     Select one of the following:

          1         January 1 - December 31
          2         April 1 - March 31
          3         July 1 - June 30
          4         October 1 - September 30
          5         User-Defined Report Period

Enter the date range for your report: 1  January 1 - December 31

Enter the Calendar Year for the report END date.  Use a 4 digit
year, e.g. 2005
Enter Year:  2003  (2003)

Enter the Baseline Year to compare data to.
Use a 4 digit year, e.g. 1999, 2000
Enter Year (e.g. 2000):  2000  (2000)

The date ranges for this report are:
     Report Period:            Jan 01, 2003 to Dec 31, 2003
     Previous Year Period:     Jan 01, 2002 to Dec 31, 2002
     Baseline Period:          Jan 01, 2000 to Dec 31, 2000
```

Figure 7-16: Running Area GPRA Performance: Selecting Pre-defined Report Time Period

4. Type the number corresponding to the Beneficiary (patient) population to be included in the report (see section 6.7.1 step 20 above).

```
     Select one of the following:

          1         Indian/Alaskan Native (Classification 01)
          2         Not Indian Alaskan/Native (Not Classification 01)
          3         All (both Indian/Alaskan Natives and Non 01)

Select Beneficiary Population to include in this report: 1//   Indian/Alaskan Native
(Classification 01)
```

Figure 7-17: Selecting Report Population-Type

5. Follow steps 3 through 7 above in section 7.2.1 (Area National GPRA report) to select facilities to be included in the report.

6. Follow steps 9 through 10 above in section 7.2.1 (Area National GPRA report) to select output type.

7.2.3 Run Area Elder Care Report (AELD)

The Area Office Elder Care Report option (AELD) is used by the Area to produce an Area-wide Elder Care report. This report may only be aggregated from report files for which ALL Elder Care measures were included. This report aggregates all data files received to date from facilities and reports the total Area-wide numbers.

This report is different from the National GPRA report as it can be run for different types of user populations: American Indian and Alaska Natives (AI/AN) only, non AI/AN, or both. It can also be run for different date ranges, whereas the National GPRA report uses pre-defined date ranges. Patient lists are NOT included in the Area Aggregate report.

> **NOTE:** To run the Area Aggregate Elder Care report, the data uploaded from the facilities must have the same report period, baseline period, and patient population.

1. Type AELD at the "Select Area Options Option:" prompt on the Area Office Options menu.

```
                          **************************
                          **   IHS/RPMS CRS 2006   **
                          **  Area Office Options  **
                          **************************
                                 Version 6.1

                                DEMO HOSPITAL


   UPL    Upload Report Files from Site
   AGP    Run AREA National GPRA Report
   GPUA   Run AREA GPRA Performance Report
   AELD   Run AREA Elder Care Report
   AHED   Run Area HEDIS Report
   AHW    Run AREA Height and Weight Data File
   LSTF   List files in a directory

Select Area Options Option: AELD  Run AREA Elder Care Report
```

Figure 7-18: Opening the Area Elder Care Report from the Area Office Options Menu

2. Select the date range for the report (Figure 7-19) by following steps a or b below.

```
     Select one of the following:

          1         January 1 - December 31
          2         April 1 - March 31
          3         July 1 - June 30
          4         October 1 - September 30
          5         User-Defined Report Period

Enter the date range for your report:
```

Figure 7-19: Running the Area Elder Care Report, selecting report date range

   a. To select a pre-defined period (e.g. January 1 – December 31):

      i. Select one of the first four options.

      ii. Enter the calendar year of the report end date.

b. To enter your own report end date:

i. Select option 5, User-Defined Report Period.

ii. Enter the end date of the report in MM/DD/CCYY format (e.g. 11/30/2004).

3. Type the baseline year at the "Enter Year:" prompt. The screen displays the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline.

```
       2006 Area Aggregate Elder Care Clinical Performance Measure Report

This will produce an Elder Care Performance Measure Report for all ELDER
measures for a year period you specify.  You will be asked to provide:
1) the reporting period, 2) the baseline period to compare data to, and
the beneficiary/classification of the patients.

There are 24 measures in the Elder Care Measure Report.

     Select one of the following:

          1         January 1 - December 31
          2         April 1 - March 31
          3         July 1 - June 30
          4         October 1 - September 30
          5         User defined date range

Enter the date range for your report: 1  January 1 - December 31

Enter the Calendar Year for the report END date.  Use a 4 digit
year, e.g. 2005
Enter Year:  2003  (2003)

Enter the Baseline Year to compare data to.
Use a 4 digit year, e.g. 1999, 2000
Enter Year (e.g. 2000):  2000  (2000)

The date ranges for this report are:
     Report Period:            Jan 01, 2003 to Dec 31, 2003
     Previous Year Period:     Jan 01, 2002 to Dec 31, 2002
     Baseline Period:          Jan 01, 2000 to Dec 31, 2000
```

Figure 7-20: Running Area Elder Care: Selecting Pre-defined Report Time Period

4. Type the number corresponding to the Beneficiary (patient) population to be included in the report (see section 6.7.1 step 20 above).

```
     Select one of the following:

          1         Indian/Alaskan Native (Classification 01)
          2         Not Indian Alaskan/Native (Not Classification 01)
          3         All (both Indian/Alaskan Natives and Non 01)

Select Beneficiary Population to include in this report: 1//   Indian/Alaskan Native
(Classification 01)
```

Figure 7-21: Selecting Report Population-Type

5. Follow steps 3 through 7 above in section 7.2.1 (Area National GPRA report) to select facilities to be included in the report.

6. Follow steps 9 through 10 above in section 7.2.1 (Area National GPRA report) to select output type.

7.2.4 Run Area HEDIS Report (AHED)

The Area Office HEDIS Performance Report option (AHED) is used by the Area to produce an Area-wide HEDIS Performance report. This report aggregates all data files received to date from facilities and reports the total Area-wide numbers.

The HEDIS Performance report is different from the National GPRA report as it can be run for different types of user populations: American Indian and Alaska Natives (AI/AN) only, non AI/AN, or both. It can also be run for different date ranges, whereas the National GPRA report uses pre-defined date ranges. Patient lists are NOT included in the Area Aggregate report.

> **NOTE:** To run the Area Aggregate HEDIS report, the data uploaded from the facilities must have the same report period, baseline period, and patient population.

1. Type AHED at the "Select Area Options Option:" prompt on the Area Office Options menu.

```
                          ***************************
                          **   IHS/RPMS CRS 2006   **
                          **  Area Office Options  **
                          ***************************
                                 Version 6.1

                                DEMO HOSPITAL


   UPL    Upload Report Files from Site
   AGP    Run AREA National GPRA Report
   GPUA   Run AREA GPRA Performance Report
   AELD   Run AREA Elder Care Report
   AHED   Run Area HEDIS Report
   AHW    Run AREA Height and Weight Data File
   LSTF   List files in a directory

Select Area Options Option: AHED  Run Area HEDIS Report
```

Figure 7-22: Opening the Area HEDIS Report from the Area Office Options Menu

2. Type the number corresponding to the appropriate date range for the Current report period at the "Enter the date range for your report:" prompt.

3. Type the calendar year for the END date of your Current Report period (e.g., 2005) at the "Enter Year:" prompt.

4. Enter the baseline year. Most often, this year will be two (2) years prior to the Current Report end date.

5. The screen will display the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline.

```
            [AREA] IHS 2006 Area Aggregate HEDIS Performance Report

     Select one of the following:

          1         January 1 - December 31
          2         April 1 - March 31
          3         July 1 - June 30
          4         October 1 - September 30

Enter the date range for your report: 1  January 1 - December 31

Enter the Calendar Year for the report END date.  Use a 4 digit
year, e.g. 2005
Enter Year:  2005  (2005)

Enter the Baseline Year to compare data to.
Use a 4 digit year, e.g. 1999, 2000
Enter Year (e.g. 2000):  2000  (2000)

The date ranges for this report are:
     Reporting Period:         Jan 01, 2005 to Dec 31, 2005
     Previous Year Period:     Jan 01, 2004 to Dec 31, 2004
     Baseline Period:          Jan 01, 2000 to Dec 31, 2000
```

Figure 7-23: Running Area HEDIS Report: Selecting the Report Time Period

6. Type the number corresponding to the Beneficiary (patient) population to be included in the report (see section 6.7.1 step 20 above).

```
     Select one of the following:

          1         Indian/Alaskan Native (Classification 01)
          2         Not Indian Alaskan/Native (Not Classification 01)
          3         All (both Indian/Alaskan Natives and Non 01)

Select Beneficiary Population to include in this report: 1//   Indian/Alaskan Native
(Classification 01)
```

Figure 7-24: Selecting Report Population-Type

7. Follow steps 3 through 7 above in section 7.2.1 (Area National GPRA report) to select facilities to be included in the report.

8. Follow steps 9 through 10 above in section 7.2.1 (Area National GPRA report) to select output type.

7.2.5 Run Area Height and Weight File (AHW)

The Area Height and Weight File option (AHW) is used by the Area to produce an Area-wide delimited file containing unduplicated height and weight data for all Active Clinical patients included in a National GPRA report. This option combines

all data files received to date from facilities and creates a single delimited file that should be exported to the Division of Epidemiology. **NOTE: If a facility has indicated it does not want its data exported to the Division of Epidemiology, this facility should be EXCLUDED from the list of facilities to be included in the report, as described in step 3 below.**

1. Type AHW at the "Select Area Options Option:" prompt on the Area Office Options menu.

```
                          **************************
                          **   IHS/RPMS CRS 2006   **
                          **  Area Office Options  **
                          **************************
                                 Version 6.1

                                DEMO HOSPITAL


   UPL    Upload Report Files from Site
   AGP    Run AREA National GPRA Report
   GPUA   Run AREA GPRA Performance Report
   AELD   Run AREA Elder Care Report
   AHED   Run Area HEDIS Report
   AHW    Run AREA Height and Weight Data File
   LSTF   List files in a directory

Select Area Options Option: AHW  Run AREA Height and Weight Data File
```

Figure 7-25: Opening the Area Height and Weight Data File from the Area Office Options Menu

2. The screen displays information about the file and the date range that has been pre-defined for the report. The date range uses the begin date of the baseline period through the end date of the report period of the National GPRA report.

```
            [AREA] Area Aggregate Height and Weight Data Export

This option is used to produce an area aggregate Height and
Weight Export file. This is a single delimited file that will be comprised
of height and weight data.  This file should be exported to the Division
of Epidemiology, where it will construct frequency curves of BMI as
a GPRA developmental performance measure.


This file will contain height and weight data for the time period
Jul 01, 1999 through Jun 30, 2006 for all Active Clinical
patients 0-18 who have both a height and weight value documented
on a visit and for all Active Clinical patients age 19 and older who
have a height and/or weight value documented on a visit.


You will now be able to select which sites to use in the export.

Press Enter to Continue:
```

Figure 7-26: Running the Area Height and Weight Data File, predefined time period

3. Follow steps 3 through 7 above in section 7.2.1 (Area National GPRA report) to select facilities whose data will be included in the file.

4. A message is displayed with the number of facilities whose data will be included in the file, and the name of the export file that should be sent to the California Area Office (who will send to the Division of Epidemiology) is displayed. Type Y to create the file.

> **NOTE:** There is no printed output option for this file. A delimited data file containing all facility data will be created, which can be manually imported into SAS or Excel. However, be aware that Excel limits the maximum number of records to 65,536 and files that exceed the maximum will be truncated in Excel and the truncated records cannot be imported into Excel.

```
A total of 10 facilities have been selected.


A file will be created called HW8087011999070120060630200605051509 23.TXT
and will reside in the Q:\ directory. This file can be used in Excel.


Do you wish to continue? Y// y  YES

DOS File Being Created'
Please Standby - Copying Data to DOS File Q:\\
HW8087011999070120060630200605051509 23.TXT
```

Figure 7-27: Running the Area Height and Weight Data File, export file message

7.3 List Files in a Directory (LSTF)

The List Files function allows Area Office technical staff to see a list of FileMan files that have been transmitted by facilities to the Area for aggregation. This list will ***not*** indicate whether the file has been uploaded into CRS.

1. Type LSTF at the "Area Office Options Option:' prompt on the Area Office Options menu.

2. Type the appropriate directory name at the "Enter directory path:" prompt. This should be the Area network directory to which the facility's data files have been sent via FTP (File Transfer Protocol) at the time the facility ran the requested national Performance report (section 5.0).

3. A list of files will be displayed. Only FileMan data files created by CRS 2006 (BGP v. 6.*) will be listed. File names begin with "BG06," followed by the six-digit ASUFAC code for the facility that created and transmitted the file. Files with an extension containing ".HE" are HEDIS reports. Files with an extension containing ".EL" are Elder Care reports. GPRA Performance reports are treated the same as National GPRA reports and will be displayed with them, if they have a report period of July 1, 2005 – June 30, 2006, a baseline year of 2000, and a population of AI/AN only. These reports only have numbers in the file name extension. For example, the first six files shown in the figure below are all National GPRA and GPRA Performance report files

4. Press the Enter key to return to the Area Office Options menu.

```
This option is used to list all CRS 2006 files that are in a directory.
These files begin with BG06.
You must specify the directory in which the CRS 2006 data files reside.

Enter directory path (e.g. /usr/spool/uucppublic/): q:\

The following CRS 2006 files reside in the q:\ directory.

     BG06000101.9
     BG06000111.28
     BG06404201.15
     BG06404201.8
     BG06404201.HE17
     BG06404201.HE5
     BG06404201.HE6
     BG06808701.EL1

Enter RETURN to continue or '^' to exit:
```

Figure 7-28: Displaying CRS Data Files

8.0 Glossary

Active Clinical CHS Patients	In FY 2006, a new CHS-Only site parameter was added that changes the definition of the Active Clinical population (see below) to an Active Clinical CHS population because facilities whose patients only receive Contract Health Services do not meet the requirements of the Active Clinical population. See section 3.2.3.2 for detailed description of the denominator.
Active Clinical Patients	One of the two basic denominator definitions used by CRS. The Active Clinical definition was developed specifically for clinical performance measures because it was felt to be more representative of the active clinical population than the standard User Population definition. See section 3.2.3.1 for detailed description of the denominator.
AI/AN	Abbreviation for American Indian and Alaska Natives.
ASUFAC number	Area Service Unit Facility; A unique identifier for each facility within IHS. A six-digit number comprised of 2 digits for Area, 2 digits for Service Unit, and 2 digits for Facility.
Banner	A line of text with a user's name and domain.
Baseline Year	CRS calculates and reports on results for and comparisons between three time periods for each measure: the Current Year (defined by the user); the Previous Year; and the Baseline Year. Baseline is defined by the user at the time he or she runs the report. The Area GPRA coordinator should ensure that for GPRA and Area Performance reports, each facility uses the same Baseline Year; otherwise the Area's aggregate report will not calculate properly.
CPT Codes	One of several code sets used by the healthcare industry to standardize data, allowing for comparison and analysis. Current Procedural Terminology was developed and is updated annually by the American Medical Association and is widely used in producing bills for services rendered to patients. CPTs include codes for diagnostic and therapeutic procedures, and specify information that differentiates the codes based on cost. CPT codes are the most widely accepted nomenclature in the United States for reporting physician procedures and services for federal and private insurance third-party reimbursement. CRS searches for CPT and other codes as specified in the logic definition to determine if a patient meets a denominator or numerator definition.

CRS	The Clinical Reporting System (CRS) is a component of the RPMS (Resource and Patient Management System) software suite. CRS provides sites with the ability to report on GPRA and developmental clinical measures from local RPMS databases.
Denominator	The denominator for a measure is the total population being reviewed to determine how many (what percentage) of the total meet the definition of the measure. Different measures have different denominators, e.g., all patients or all adult diabetic patients or all female patients between certain ages.
Developmental Measures	For IHS, these are performance measures that are being tested for possible inclusion as formal GPRA measures. The purpose of developmental measures is to test over two to three years whether accurate data can be reported and measured.
Device	A device that either displays or prints information.
Enter Key	Used interchangeably with the Return key. Press the Enter key to show the end of an entry such as a number or a word. Press the Enter key each time you respond to a computer prompt. If you want to return to the previous screen, simply press the Enter key without entering a response. This will take you back to the previous menu screen. The Enter key on some keyboards are shown as the Return Key. Whenever you see [ENT] or the Enter key, press the Enter or Return Key.
Entry Point	Entry point within a routine that is referenced by a “DO” or “GOTO” command from a routine internal to a package.
File	A set of related records or entries treated as a single unit.
FileMan	The database management system for RPMS.
FY	Abbreviation for Fiscal Year. The fiscal year for the federal government is October 1 through September 30.
Global	In MUMPS, global refers to a variable stored on disk (global variable) or the array to which the global variable may belong (global array).
GPRA	Abbreviation for Government Performance and Results Act, a Federal law requiring Federal agencies to document annually their goals and progress towards their goals. See section 3.1.1 for detailed description.

GPRA Measure	Performance measures specifically identified in the IHS Annual Performance Plan to Congress. Each measure has one denominator and one numerator. FY 2006, the IHS has 36 GPRA measures in three main categories: Treatment (21), Prevention (12), and Capital Programming/Infrastructure (3). These measures address the most significant health problems facing the AI/AN population.
GPRA Report (CRS)	In CRS, the GPRA Report is a report that only includes clinical performance measures from the IHS GPRA performance plan (no developmental measures). The GPRA Report is simultaneously printed at the site and exported to the Area for use in an Area aggregate report.
GPRA Report to Congress	IHS, as well as all other Federal agencies, provides an annual report to Congress in conjunction with its next year budget request to document how well and cost effectively the agency meets its defined mission. The report has three parts: 1) reporting on how many of the previous fiscal year measures were met and explanations for those measures not met; 2) providing final definitions for performance measures for the current fiscal year; and 3) providing any proposed additions, deletions and definition changes to measures for the following fiscal year.
Health Record Number (HRN)	Each facility assigns a unique number within that facility to each patient. Each HRN with its facility identification 'ASUFAC' make a unique identifier within all of IHS.
Healthy People 2010 (HP 2010)	HP 2010 presents a comprehensive, nationwide health promotion and disease prevention agenda under the direction of the U.S. Department of Health and Human Services. HP 2010 performance measure definitions and related targets are used by many healthcare organizations, including IHS, as the basis for its own clinical performance measures.
HEDIS	Health Plan Employer Data and Information Set (HEDIS®). HEDIS is a set of standardized performance measures originally designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed health care plans. HEDIS has evolved into focusing on healthcare prevention standards.

ICD Codes	One of several code sets used by the healthcare industry to standardize data. The International Classification of Disease is an international diagnostic coding scheme. In addition to diseases, ICD also includes several families of terms for medical-specialty diagnoses, health status, disablements, procedure and reasons for contact with healthcare providers. IHS currently uses ICD-9 for coding. CRS searches for ICD and other codes as specified in the logic definition to determine if a patient meets a denominator or numerator definition.
INDEX (%INDEX)	A Kernel utility used to verify routines and other MUMPS code associated with a package. Checking is done according to current ANSI MUMPS standards and RPMS programming standards. This tool can be invoked through an option or from direct mode (>D ^%INDEX).
Init	Initialization of an application package. The initialization step in the installation process builds files from a set of routines (the init routines). Init is a shortened form of initialization.
I/T/U	Abbreviation referring to all IHS direct, tribal, and urban facilities. Using the abbreviation I/T/U generally means that all components of the Indian health care system are being referred to.
Kernel	The set of MUMPS software utilities that function as an intermediary between the host operating system and application packages, such as Laboratory and Pharmacy. The Kernel provides a standard and consistent user and programmer interface between application packages and the underlying MUMPS implementation. These utilities provide the foundation for RPMS.
Local Report (CRS)	CRS produces reports for each measure (GPRA and developmental) that documents the number of patients in the denominator and the numerator as well as the percentage of patients meeting the measure. The report compares performance for three time periods: Current Year (user defined), Previous Year, and Baseline Year (user defined). Local reports can also produce patient lists at user request.
Logic	The detailed definition, including specific RPMS fields and codes, of how the software defines a denominator or numerator.

LOINC	Logical Observations, Identifiers, Names, and Codes. A standard coding system originally initiated for Laboratory values, the system is being extended to include non-laboratory observations (vital signs, electrocardiograms, etc.). Standard code sets are used to mitigate variations in local terminologies for lab and other healthcare procedures, e.g., Glucose or Glucose Test. IHS began integrating LOINC values into RPMS in several pilot sites in 2002.
Mandatory	Required. A mandatory field is a field that must be completed before the system will allow you to continue.
Menu	A list of choices for computing activity. A menu is a type of option designed to identify a series of items (other options) for presentation to the user for selection. When displayed, menu-type options are preceded by the word "Select" and followed by the word "option" as in Select Menu Management option: (the menu's select prompt).
Mnemonic	A short cut that designated to access a particular party, name, or facility.
Namespace	A unique set of 2 to 4 alpha characters that are assigned by the database administrator to a software application.
National GPRA Report	In CRS, the National GPRA Report is a report that includes the specific denominator and numerator from each of the clinical measure topics included in the IHS GPRA performance plan and other key developmental (i.e., non-GPRA) measures. The National GPRA Report can be run and printed locally for site use or can be simultaneously printed at the site and exported to the Area for use in an Area aggregate report.
Numerator	The numerator is the number of patients from the denominator, i.e., the total population surveyed, who meet the logic criteria for a performance measure.
Option	An entry in the Option file. As an item on a menu, an option provides an opportunity for users to select it, thereby invoking the associated computing activity. Options may also be scheduled to run in the background, non-interactively, by TaskMan.

Patient List	CRS will produce for each measure a list of patients related to the specific measure. Most patient lists include patients from the denominator with any visit dates and/or codes that identifies them as meeting the measure. Patient lists are a good way to identify patients who need a procedure or test, e.g., patients ages 50 and older who have not received Influenza vaccinations.
PIT (Performance Improvement Team)	Facilities will have different names for their PITs, including GPRA Improvement, Quality Improvement, or other similar phrases. A PIT should represent members from all areas of the clinic staff, including providers (physicians, nurses, physician assistants, pharmacists, etc), medical records staff, data entry staff, quality assurance staff, Site Managers or other information technology staff, etc.
Performance Measure	A specific performance measure with one defined denominator and numerator. Performance measures are definitions of specific measurable objectives that can demonstrate progress toward the goals stated in an organization's strategic and/or performance plans.
Performance Measure Topic	An overarching clinical topic, e.g., Diabetes and Blood Pressure Control. Each performance measure topic may have multiple denominators and numerators that are related to the topic. For example, the Diabetes and Blood Pressure topic has three numerators: 1) how many diabetic patients had a minimum of two (2) blood pressure values in the past year; 2) how many patients had controlled BP, defined as mean BP value less than 130/80; and 3) how many patients had uncontrolled BP. Out of these three, the GPRA measure is Controlled Blood Pressure.
QI	Abbreviation for quality improvement.
Quarter Ending (for CRS reports)	Because all CRS reports are based on a minimum of one year's data, CRS provides users with options for only the ending dates of the report. Ending dates are pre-defined based on standard fiscal year quarterly periods. The Quarter Ending date options correspond to the last day of a standard quarter. Users can select from Quarter Ending 1 (December 31), QE 2 (March 31), QE 3 (June 30), or Fiscal Year End (September 30).
Queuing	Requesting that a job be processed at a later time rather than within the current session.
Receipt dates	The date that the party received the information
Receiving Party	The person or organization that is receiving the information.

Report Period	CRS reports analyze and report on a minimum of one year's data for all measures. Users define the Report period by selecting one of the pre-defined end dates and the appropriate year, e.g., selecting CY 2003 Quarter 2 will define April 1, 2002 through March 30, 2003 as the Report Period. All CRS reports also display the Previous and Baseline period for comparison.
Return key	Press the Return key to show the end of an entry such as a number or a word. Press the Return key each time you respond to a computer prompt. If you want to return to the previous screen, simply press the Return key without entering a response. This will take you back to the previous menu screen. The Return key on some keyboards are shown as the Enter Key. Whenever you see [RET] or the Return key, press the Return or Enter Key.
Routine	A program or sequence of instructions called by a program that may have some general or frequent use. MUMPS routines are groups of program lines that are saved, loaded, and called as a single unit via a specific name.
Sequential	Arranged in a particular order
Site Specific	Particular to a specific site
STAT	Immediately
Tagged	Marked with a specific identifier
Taxonomy	Taxonomies are groupings of functionally related data elements, such as specific codes, code ranges, or terms, that are used by various RPMS applications to find data items in PCC to determine if a patient meets a certain criteria. To ensure comparable data within the agency as well as to external organizations, as much CRS performance measure logic as possible is based on standard national codes, such as CPTs or ICD-9. For terminology that is not standardized across each facility, such as lab tests or medications, CRS uses taxonomies that can be populated by each individual facility with its own codes.
UCI	User Class Identification: a computing area.
Up-Hat (^)	A circumflex, also know as a "hat" or "caret," that is used as a piece delimiter in a global. The up-hat is denoted as "^" and is typed by pressing Shift+6 on the keyboard.

User Population	CRS uses two main denominators for its reports, GPRA User Population and Active Clinical patients. The standard User Population definition was developed by IHS to define its core population for statistical reporting to Congress. User Population is defined as any AI/AN patient who is alive on the last day of the Report period and residing in the defined community with at least one visit to any clinic in the three years prior to the end of the Report period. See section 3.2.3 for detailed description of the two denominators.
Utility	A callable routine line tag or function. A universal routine usable by anyone.
Variable	A character or group of characters that refers to a value. MUMPS recognizes 3 types of variables: local variables, global variables, and special variables. Local variables exist in a partition of the main memory and disappear at sign-off. A global variable is stored on disk, potentially available to any user. Global variables usually exist as parts of global arrays.

9.0 Appendix A: FY05 - FY07 GPRA Measures

The table displayed on the following pages provides definitions, headquarters leads or "owners," data source for performance measure reporting and performance targets for each GPRA performance measure.

FY 2005, 2006, 2007 GPRA MEASURES
(revised 2/6/06)

Performance Measure	FY 2005 Target	FY 2006 Target	FY 2007 Target	Headquarters Lead
TREATMENT MEASURES				
Diabetes Group				
1. Diabetes: Poor Glycemic Control: Proportion of patients with diagnosed diabetes with poor glycemic control (A1c > 9.5). [outcome]	Maintain at the FY 2004 rate of 17%	Maintain at the FY 2005 rate of 15%	Maintain at the FY 2005 rate of 15%	Kelly Acton, OCPS/DDTP, 505-248-4182
2. Diabetes: Ideal Glycemic Control: Proportion of patients with diagnosed diabetes with ideal glycemic control (A1c < 7.0). [outcome]	Maintain at the FY 2004 rate of 27%	Increase the rate to 32% (2% above the FY 2005 rate of 30%)	Increase the rate to 34% (4% higher than the FY 2005 rate of 30%)	Kelly Acton, OCPS/DDTP, 505-248-4182
3. Diabetes: Blood Pressure Control: Proportion of patients with diagnosed diabetes that have achieved blood pressure control (<130/80). [outcome]	Maintain at the FY 2004 rate of 35%	Maintain at the FY 2005 rate of 37%	Maintain at the FY 2005 rate of 37%	Kelly Acton, OCPS/DDTP, 505-248-4182
4. Diabetes: Dyslipidemia Assessment: Proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol). [outcome]	Maintain at the FY 2004 rate of 53%	Increase the rate to 56% (3% higher that the FY 2005 rate of 53%)	Increase the rate to 59% (6% higher than the FY 2005 rate of 53%)	Kelly Acton, OCPS/DDTP, 505-248-4182

Performance Measure	FY 2005 Target	FY 2006 Target	FY 2007 Target	Headquarters Lead
5. Diabetes: Nephropathy Assessment: Proportion of patients with diagnosed diabetes assessed for nephropathy. [outcome]	Maintain at the FY 2004 rate of42%	Increase the rate to 50% (3% higher than the FY 2005 rate of 47%)	Increase the rate to 53% (6% higher than the FY 2005 rate of 47%)	Kelly Acton, OCPS/DDTP, 505-248-4182
6. Diabetic Retinopathy: Proportion of patients with diagnosed diabetes who receive an annual retinal examination. [outcome]	Maintain at the FY 2004 rate of 55% at designated pilot sites	Maintain at the FY 2005 rate of 50% at designated pilot sites. Establish new baseline rate at all sites	Maintain the FY 2006 rate at all sites	Mark Horton, PIMC 602-263-1200 ext 2217 602-820-7654 (cell)
Cancer Screening Group				
7. Cancer Screening: Pap Smear Rates: Proportion of eligible women who have had a Pap screen within the previous three years. [outcome]	Maintain at the FY 2004 rate of 58%	Maintain at the FY 2005 rate of 60%	Maintain at the FY 2005 rate of 60%	Carolyn Aoyama, DNS/OCPS, 301-443-1840
8. Cancer Screening: Mammogram Rates: Proportion of eligible women who have had mammography screening within the previous two years. [outcome]	Maintain at the FY 2004 rate of 40%	Maintain at the FY 2005 rate of 41%	Maintain at the FY 2005 rate of 41%	Carolyn Aoyama, DNS/OCPS, 301-443-1840
9. Cancer Screening: Colorectal Rates: Proportion of eligible patients who have had appropriate colorectal cancer screening. [outcome]	New measure beginning in FY 2006	Establish baseline rate	Maintain at the FY 2006 rate	Nat Cobb, /OPHS/Epi, 505-248-4132
Alcohol and Substance Abuse Group				
10. RTC Improvement/Accreditation: Accreditation rate for Youth Regional Treatment Centers (in operation 18 months or more). [output effective 05]	Maintain 100% accreditation rate for Youth Regional Treatment Centers	Maintain 100% accreditation rate for Youth Regional Treatment Centers	Maintain 100% accreditation rate for Youth Regional Treatment Centers	Wilbur Woodis, OCPS/DBH, 301- 443-6581

Performance Measure	FY 2005 Target	FY 2006 Target	FY 2007 Target	Headquarters Lead
11. Alcohol Screening (FAS Prevention): Alcohol use screening (to prevent Fetal Alcohol Syndrome) among appropriate female patients. [outcome]	Increase the screening rate over the FY 2004 rate of 7%	Increase the screening rate to 12% (1% over the FY 2005 rate of 11%)	Increase the screening rate to 13% (2% over the FY 2005 screening rate of 11%)	Wilbur Woodis, OCPS/DBH, 301-443-6581
Oral Health Group				
12. Topical Fluorides: Proportion of patients receiving one or more fluoride treatments. [outcome] (In **2005 only:** topical fluoride applications are a component of this measure.)	Establish the baseline number of patients receiving topical fluoride treatments Establish the baseline number of topical fluoride applications	Maintain at the FY 2005 rate of 85,318 patients receiving topical fluoride treatments	Maintain at the FY 2005 rate of 85,318 patients receiving topical fluoride treatments	Patrick Blahut, OCPS/DOH, 301-443-1106
13. Dental Access: Percent of patients who receive dental services. [outcome]	Maintain at the FY 2004 rate of 24%	Maintain at the FY 2005 rate of 24%	Maintain at the FY 2005 rate of 24%	Patrick Blahut, OCPS/DOH, 301-443-1106
14. Dental Sealants: Number of sealants placed per year in AI/AN patients. [outcome]	Maintain at the FY 2004 rate of 287,158/230,295 sealants (First number is NPIRS, second is CRS)	Maintain at the FY 2005 rate of 249,882 sealants (Results based on CRS only beginning in 2006)	Maintain at the FY 2005 rate of 249,882 sealants	Patrick Blahut, OCPS/DOH, 301-443-1106
15. Diabetes: Dental Access: Proportion of patients diagnosed with diabetes who obtain access to dental services. [outcome]	Maintain at the FY 2004 rate of 37%	Eliminated in FY 2006	Eliminated in FY 2006	Patrick Blahut, OCPS/DOH, 301-443-1106

Performance Measure	FY 2005 Target	FY 2006 Target	FY 2007 Target	Headquarters Lead
Family Abuse, Violence, and Neglect Measure				
16. Domestic (Intimate Partner) Violence Screening: Proportion of women who are screened for domestic violence at health care facilities. [outcome]	Maintain at the FY 2004 rate of 4%	Increase the rate to 14% (1% over the FY 2005 rate of 13%)	Increase the rate to 15% (2% over the FY 2005 rate of 13%)	Theresa Cullen, ITSC/DIR/ OMS 520-670-4803 Ramona Williams, OCPS/DBH, 301-443-2038
Information Technology Development Group				
17. Data Quality Improvement: Number of GPRA clinical performance measures that can be reported by CRS software.	Increase the number of GPRA performance measures that can be reported by CRS software by 2 measures	Increase the number of GPRA performance measures that can be reported by CRS software over the FY 2005 rate	All clinical GPRA performance measures will be reported using CRS software	Theresa Cullen, ITSC/DIR/ OMS, 520-670-4803
18. Behavioral Health: Number of sites using the RPMS Behavioral Health (BH) software application. **In 2006 changes to: Proportion of adults ages 18 and over who are screened for depression.** [Changes to outcome in FY 2006]	Increase the percentage of sites using the RPMS Behavioral Health (BH) software application over the FY 2004 rate	Establish the baseline rate of adults screened for depression	Maintain at the FY 2006 rate	Wilbur Woodis, OCPS/DBH, 301-443-6581

Performance Measure	FY 2005 Target	FY 2006 Target	FY 2007 Target	Headquarters Lead
19. Urban IS Improvement: Expand Urban Indian Health Program capacity for securing mutually compatible automated information system that captures health status and patient care data for the Indian health system. **In 2006 changes to: Number of urban programs using automated patient record system and data warehouse**.	IHS will have in place contract and grant requirements for all urban Indian programs to provide a specified data set in a standard format	Increase number of urban sites reporting clinical GPRA performance measures through the national clinical reporting process from 2005 levels	Maintain the number of urban sites reporting clinical GPRA performance measures through the national clinical reporting process at the FY 2006 level	Denise Exendine OD/OUIHP, 301-443-4680
Quality of Care Group				
20. Accreditation: Percent of hospitals and outpatient clinics accredited (excluding tribal and urban facilities).	Maintain 100% accreditation rate for IHS-operated hospitals and outpatient clinics	Maintain 100% accreditation rate for IHS-operated hospitals and outpatient clinics	Maintain 100% accreditation rate for IHS-operated hospitals and outpatient clinics	Balerma Burgess, ORAP/BOE, 301-443-1016
21. Medication Error Improvement: Number of Areas with a medication error reporting system. [outcome] **In 2006, changes to Medical Error Improvement: Number of areas with a medical error reporting system.**	6 Areas will have a medication error reporting system in place	**Medical Error:** Establish and evaluate a medical error reporting system at 3 Areas	Maintain a medical error reporting system at 3 Areas	Robert Pittman, OCPS/DCCS, 301-443-1190 (05 only) Theresa Cullen, ITSC/DIR/ OMS, 520-670-4803 (06-07)
PREVENTION MEASURES				
Public Health Nursing Measure				
23. Public Health Nursing: Number of public health nursing services (primary and secondary treatment and preventive services) provided by public health nursing. [outcome] changes to output in 06	Maintain the FY 2004 all-settings level of 423,379 services	Implement data system to record time spent and nature of public health activities other than one-on-one patient care, with an emphasis on activities that serve groups or the entire community	Establish a baseline of time spent and nature of public health activities performed by public health nurses	Cheryl Peterson, OCPS 301-443-1840

Performance Measure	FY 2005 Target	FY 2006 Target	FY 2007 Target	Headquarters Lead
Immunization Group				
24. Childhood Immunizations: Immunization rates for AI/AN patients aged 19-35 months. [outcome]	Maintain at the FY 2004 rate of 72%	Maintain at the FY 2005 rate of 75%	Maintain at the FY 2005 rate of 75%	Amy Groom, OPHS/Epi 505-248-4226 Jim Cheek, OPHS/Epi, 505-248-4226
25. Adult Immunizations: Influenza: Influenza vaccination rates among adult patients age 65 years and older. [outcome]	Maintain at the FY 2004 rate of 54% **(ON HOLD in FY 2005 due to influenza vaccine shortage).**	Maintain at the FY 2005 rate of 59%	Maintain at the FY 2005 rate of 59%	Amy Groom, OPHS/Epi. 505-248-4226 Jim Cheek, DPHS/Epi, 505-248-4226
26. Adult Immunizations: Pneumovax: Pneumococcal vaccination rates among adult patients age 65 years and older. [outcome]	Maintain at the FY 2004 rate of 69%	Increase the rate to 72% (3% over the FY 2005 rate of 69%)	Increase the rate to 76% (3% over the FY 2005 rate of 69%)	Amy Groom, OPHS/Epi 505-248-4226 Jim Cheek, OPHS/Epi 505-248-4226
Injury Prevention Group				
27. Injury Intervention: Number of community-based injury prevention programs (Measure will reflect number of projects per area starting in FY 2007).	Maintain 37 community-based injury prevention projects	**Web-based Reporting:** Implement web-based data collection system to report injury prevention projects.	Conduct at least three community injury prevention projects in each Area and report them using the automated tracking system.	Nancy Bill, OEHE/DEHS, 301-443-0105
28. Unintentional Injury Rates: Unintentional injury mortality rate in AI/AN people. [outcome]	Maintain the unintentional injury mortality rate at 88.8 per 100,000	Maintain the unintentional injury mortality rate at 88.8 per 100,000	Maintain the unintentional injury mortality rate at 88.8 per 100,000	Nancy Bill, OEHE/DEHS, 301-443-0105

Performance Measure	FY 2005 Target	FY 2006 Target	FY 2007 Target	Headquarters Lead
Suicide Prevention Measure				
29. Suicide Surveillance: Collection of comprehensive data on incidence of suicidal behavior. **In 2006 changes to: Incidence of suicidal behavior** [Changes to outcome in FY 2006]	Integrate the Behavioral Health suicide reporting tool into RPMS	Establish a baseline of the incidence of suicidal behavior	Maintain the incidence of suicidal behavior at the FY 2006 rate	Wilbur Woodis, OCPS/DBH, 301-443-6581
Developmental Prevention and Treatment Group				
30. CVD Prevention: Cholesterol: Proportion of patients ages 23 and older who receive blood cholesterol screening. **In FY 2007 changes to CVD Prevention: Comprehensive Assessment: Proportion of at risk patients who have a comprehensive assessment for all CVD-related risk factors**. [outcome]	Establish the baseline rate of patients 23 and older who receive blood cholesterol screening	Increase the rate to 44% (1% over the FY 2005 rate of 43%)	**CVD Prevention: Comprehensive Assessment:** Establish the baseline rate of at-risk patients who have a comprehensive assessment	James Galloway, PAO/Native American Cardiology Program, 928-214-3920
31. Obesity Assessment: Proportion of patients for whom BMI data can be measured. **In 2006, changes to Childhood Weight Control: Proportion of children ages 2-5 years with a BMI of 95% or higher.** [outcome]	Increase the rate to 65% (5% over the FY 2004 rate of 60%)	**Childhood Weight Control:** Establish the baseline rate of children ages 2-5 with a BMI of 95% or higher	Maintain the rate of children with a BMI of 95% or higher at the FY 2006 level	Jean Charles-Azure, OCPS/DCCS, 301-443-0576

Performance Measure	FY 2005 Target	FY 2006 Target	FY 2007 Target	Headquarters Lead
32. Tobacco Use Assessment: Proportion of patients ages 5 and above who are screened for tobacco use. **In 2006, changes to Tobacco Cessation Intervention: Proportion of tobacco-using patients that receive tobacco cessation intervention.** [outcome]	Maintain at the FY 2004 rate of 27%	**Tobacco Cessation Intervention**: Establish the initial rate of patients receiving tobacco cessation intervention	Maintain the FY 2006 rate	Nat Cobb, OPHS/Epi , 505-248-4132
HIV/AIDS Measure				
33. HIV Screening: Proportion of pregnant women screened for HIV. [outcome]	Establish the baseline rate of pregnant women screened for HIV	Increase the rate to 55% (1% over the FY 2005 rate of 54%)	Maintain at the FY 2006 target rate of 55%	Jim Cheek, DPHS/Epi, 505-248-4226
Environmental Surveillance Measure				
34. Environmental Surveillance: Number of tribal programs with automated web-based environmental health surveillance data collection system (WebEHRS).	12 environmental health programs.	18 programs	29 programs	Kelly Taylor, OEHE,OPHS, 301-443-1593
CAPITAL PROGRAMMING/INFRASTRUCTURE MEASURES				
35. Sanitation Improvement: Number of new or like-new AI/AN homes and existing homes provided with sanitation facilities. EFFICIENCY MEASURE	20,000 homes	22,000	22,500	James Ludington, OEHE/DSFC 301-443-1046

Performance Measure	FY 2005 Target	FY 2006 Target	FY 2007 Target	Headquarters Lead
35A. Sanitation Improvement A. Percentage of existing homes served by the program at Deficiency Level 4 or above as defined by 25 USC 1632.	Not a FY 2005 measure	20% of homes	30% of homes	James Ludington, OEHE/DFSC, 301-443-1046

Performance Measure	FY 2005 Target	FY 2006 Target	FY 2007 Target	Headquarters Lead
36. Health Care Facility Construction: Number of Health Care Facilities Construction projects completed. EFFICIENCY MEASURE (effective 2005)	Complete the FY 2005 projected construction phases of the following health care facilities: a. Winnebago, NE b. Phoenix Indian Medical Center System (PIMC), SE Ambulatory Care Center (ACC), Upper Santan, AZ c. PIMC, SW ACC, Komatke, AZ d. Barrow, AK e. Pinon, AZ f. Red Mesa, AZ g. St. Paul, AK h. Metlakatla, AK i. Sisseton, SD j. Clinton, OK k. Eagle Butte, SD l. Kayenta, AZ m. San Carlos, AZ n. Bethel, AK o. Zuni, NM p. Wagner, SD q. Ft. Belknap, MT r. Wadsworth, NV s. Central-Southern California t. Northern California u. Joint Venture Construction Program (JVCP) v. Small Ambulatory Program (SAP) w. Dental Facilities Program	Complete construction of replacement health centers at Red Mesa, AZ, St. Paul, AK, and Metlakatla, AK	Complete construction of replacement health centers at Sisseton, SD and Phoenix-Nevada Youth Regional Health Center (YRYC)	Jose Cuzme, OEHE/DFPC/, 301-443-8616

Performance Measure	FY 2005 Target	FY 2006 Target	FY 2007 Target	Headquarters Lead
CONSULTATION, PARTNERSHIPS, CORE FUNCTIONS, AND ADVOCACY MEASURES				
Consultation Improvement Measure				
Administrative Efficiency, Effectiveness, and Accountability Group				
39. Public Health Infrastructure Assure appropriate administrative and public health infrastructure is in place.	Complete assessment in an additional three Area Offices	Eliminated in FY 2006	Eliminated in FY 2006	Nat Cobb, OPHS/Epi, 505-248-4132
Quality of Work Life and Staff Retention Group				
42. Scholarships: Proportion of Health Profession Scholarship recipients placed in Indian health settings within 90 days of graduation.	Increase the rate to 22% (2% over the FY 2004 rate of 20%) **Moves to Treatment Group in 2006**	Increase the rate to 32% (2% over the FY 2005 rate of 30%) **Moves to Treatment Group in 2006**	Increase the rate to 34% (2% over the FY 2006 target rate of 32%)	Jess Brien, OPHS/DHP, 301-443-2545

****** Measures 22 (Customer Satisfaction), 37 (Consultation Process), 38 (CHS Procurement Improvement), 40 (Compliance Plans), and 41 (Tribal SD Process) were completed prior to 2005 and removed from the matrix.

10.0 Appendix B: Working with Delimited Files

Sites that want more flexibility than a printed report to be able to rearrange their report data into a different format and perform other types of calculations on the numbers will need to use the delimited file option.

> **Note**: This option is particularly useful for manipulating pages of patient lists so that the user can sort them by any column they want to.

10.1 Producing a Delimited File

See section 6.0 for detailed instructions on running reports and producing a delimited file.

1. Type the corresponding letter for your output at the "Select an Output Option:" prompt

    - P (Print) will send the report file to your printer, your screen or an electronic file.
    - D (Delimited Output) will produce an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation. The delimited output is particularly useful for patient lists because they can be sorted in multiple ways. (See Appendix B for detailed instructions.)
    - B (Both) will produce both a printed report and a delimited file.

```
                SUMMARY OF NATIONAL GPRA REPORT TO BE GENERATED

The date ranges for this report are:

     Reporting Period:         Jul 01, 2005 to Jun 30, 2006
     Previous Year Period:     Jul 01, 2004 to Jun 30, 2005
     Baseline Period:          Jul 01, 1999 to Jun 30, 2000

The COMMUNITY Taxonomy to be used is: LB_Lodge_Yellow
The HOME location is: HOME 404295

Please choose an output type.  For an explanation of the delimited
file please see the user manual.

     Select one of the following:

          P         Print Report on Printer or Screen
          D         Create Delimited output file (for use in Excel)
          B         Both a Printed Report and Delimited File

Select an Output Option: P// P  Print Report on Printer or Screen

DEVICE: HOME//     Right Margin: 80//
```

Figure 10-1: Selecting Output Options for Reports

2. If you select D (Delimited) at the "Select an Output Option" prompt, you will be prompted to print your file to the screen (S) or to an electronic file (F). If this report will take several hours to run, it is recommended to print to a file.

   If you select F File, type the name of the delimited file at the "Enter a filename for the delimited output:" prompt. File names cannot exceed 40 characters and will automatically be given the extension .txt. Most sites will be set up to automatically print the file to your network's Public directory. You may need to FTP the delimited file from Pub to your computer. Ask your Site Manager for additional information about retrieving files from your local network.

   You will be prompted to queue the report to run at a later time. You can specify another day or another time.

```
Select an Output Option: P// d  Create Delimited output file (for use in Excel)

You have selected to create a delimited output file.  You can have this
output file created as a text file in the pub directory,
OR you can have the delimited output display on your screen so that
you can do a file capture.  Keep in mind that if you choose to
do a screen capture you CANNOT Queue your report to run in the background!!


     Select one of the following:

          S         SCREEN - delimited output will display on screen for capture
          F         FILE - delimited output will be written to a file in pub

Select output type: S// f  FILE - delimited output will be written to a file in pub
Enter a filename for the delimited output (no more than 40 characters): mytestfile

When the report is finished your delimited output will be found in the
q:\ directory.  The filename will be mytestfile.txt


Won't you queue this ? Y// y  YES
Requested Start Time: NOW//20:00:00  (APR 27, 2006@20:00:00)
Tasked with 2033810
```

Figure 10-2: Running Reports: Delimited Reports

10.2 Opening Text Files in Microsoft Excel

To import the delimited file into Excel, perform the following steps:

1. Open Excel.

2. Select FILE, then OPEN from the menu bar.

3. Browse to the appropriate folder on your computer system where the delimited file is located. You may need to check with your Site Manager.

4. Ensure that the "Files of type" box at the bottom is set to "Text Files" or "All Files." Highlight and double-click on the name of the text file you want to open.

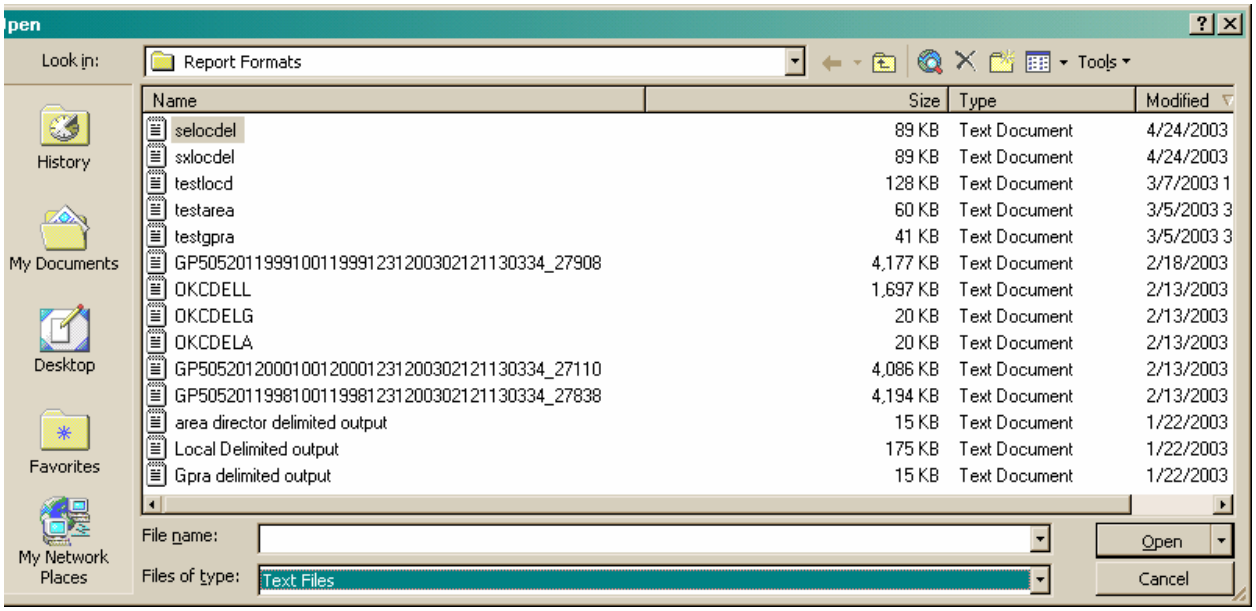


Figure 10-3: Importing the delimited file into Excel (step 4)

5. The Text Import Wizard dialog box should appear automatically.

6. Check to make sure that the "Delimited" radio button is selected for Original Data Type. Click the Next button at the bottom right to proceed.

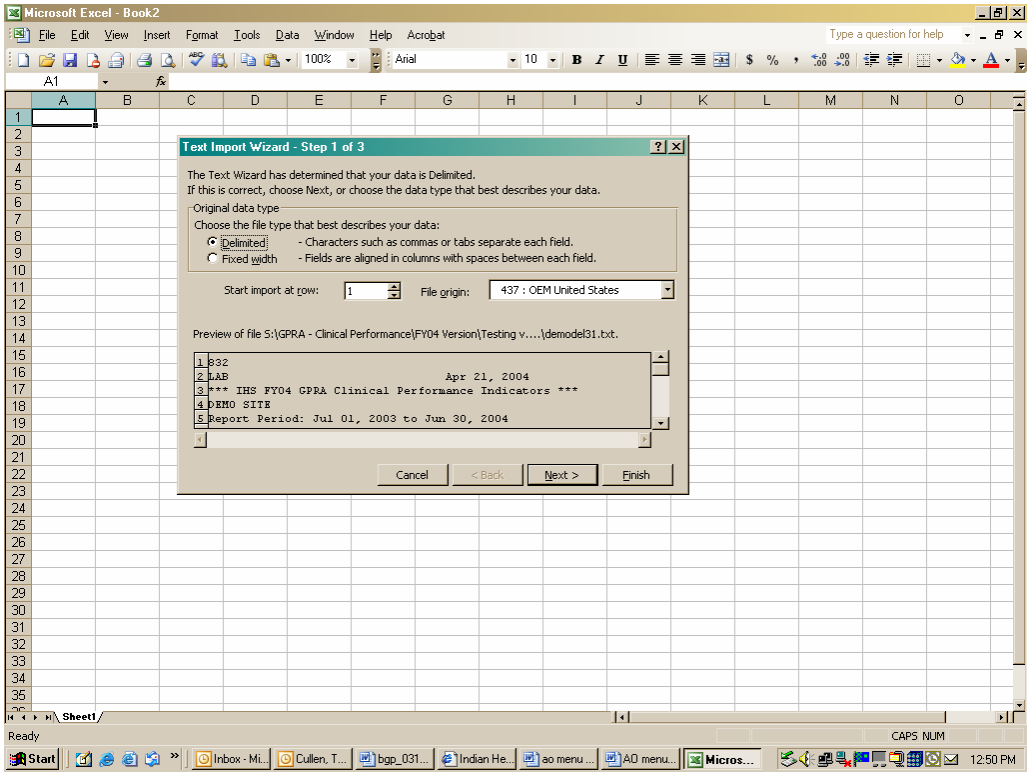


Figure 10-4: Importing the delimited file into Excel (step 6)

7. In the Delimiters box on the Step 2 screen:

   - Deselect "Tab" by clicking the check box off
   - Select "Other" by clicking the check box on
   - Type a caret (^) in the box next to Other. This tells Excel that the file you are importing separates (delimits) the fields with a "^" character.

8. Click the Next button to continue.

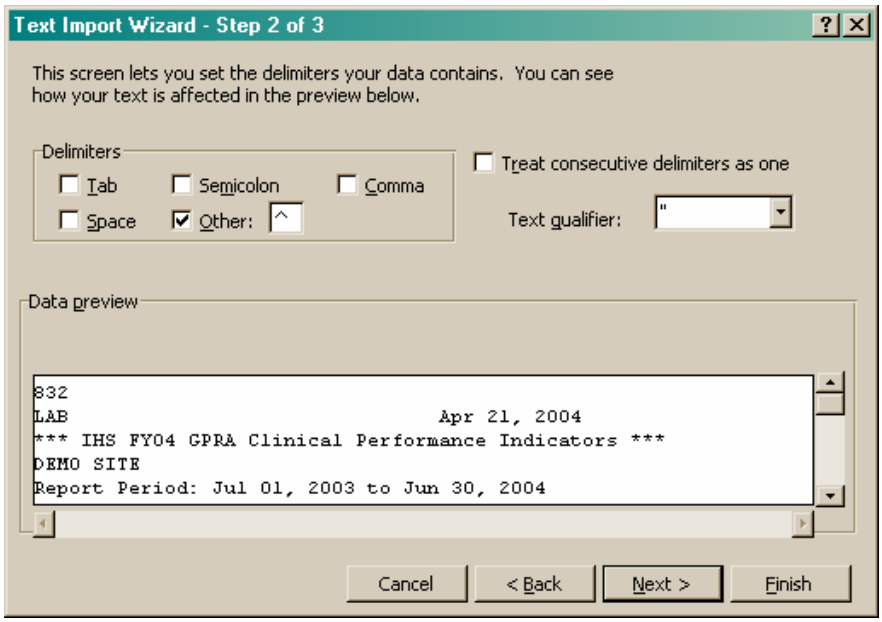


Figure 10-5: Importing the delimited file into Excel (step 8)

9. On the Step 3 screen, highlight all the columns by scrolling down until you see multiple columns in the Data Preview screen, hold the shift key down, and click on the last column. All columns should now be highlighted.

   Change the Column data format selected to "Text." If you leave the format set to "General," Excel will reformat some of the cells, e.g., change age ranges to dates.

   Click the Finish button.

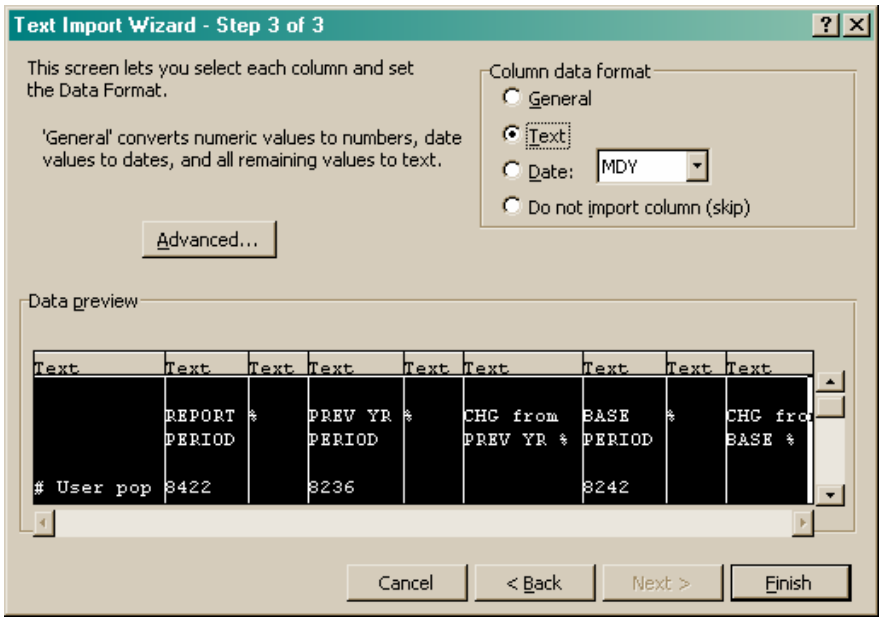


Figure 10-6: Importing the delimited file into Excel (step 9)

10. The file will appear on the Excel screen. Each column that you view on the printed report now appears in a separate Excel column that can be resized and used to perform arithmetical calculations.

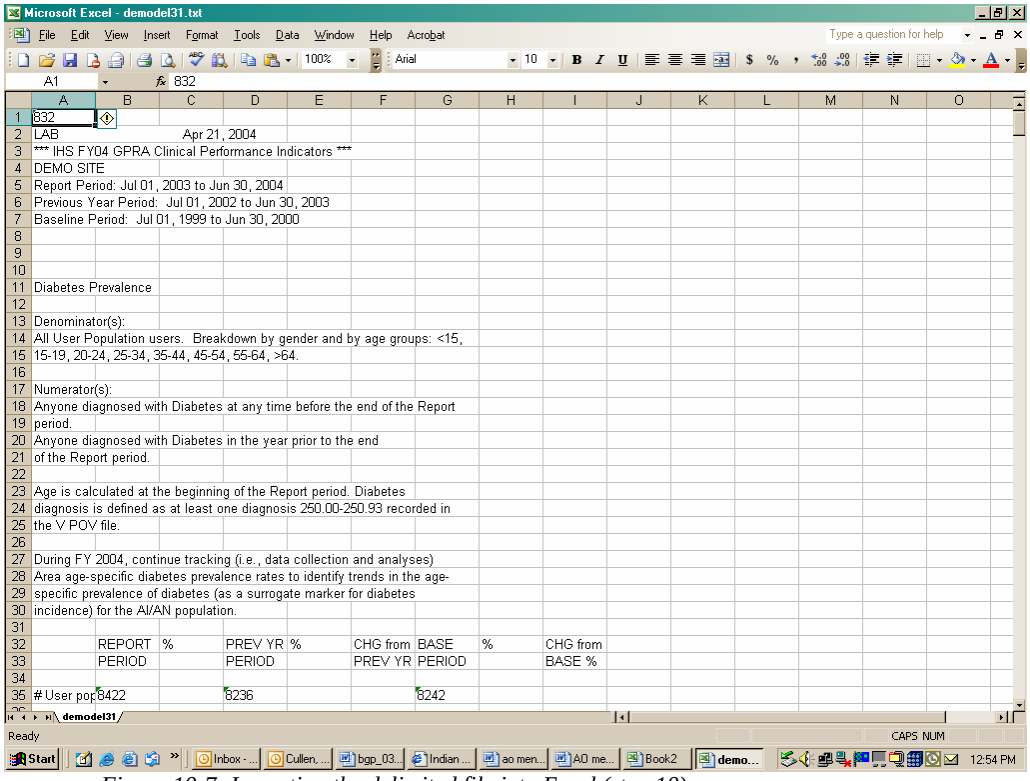


Figure 10-7: Importing the delimited file into Excel (step 10)

11. Below is an example of a spreadsheet that has been formatted.

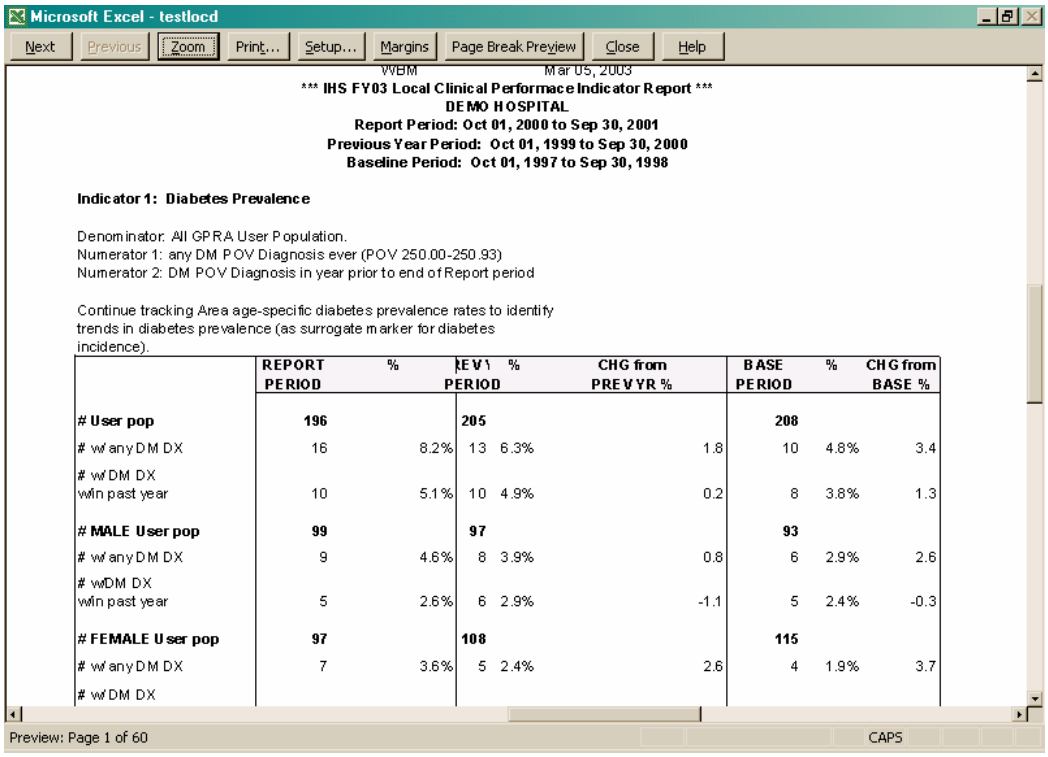


Figure 10-8: Formatted Performance Report

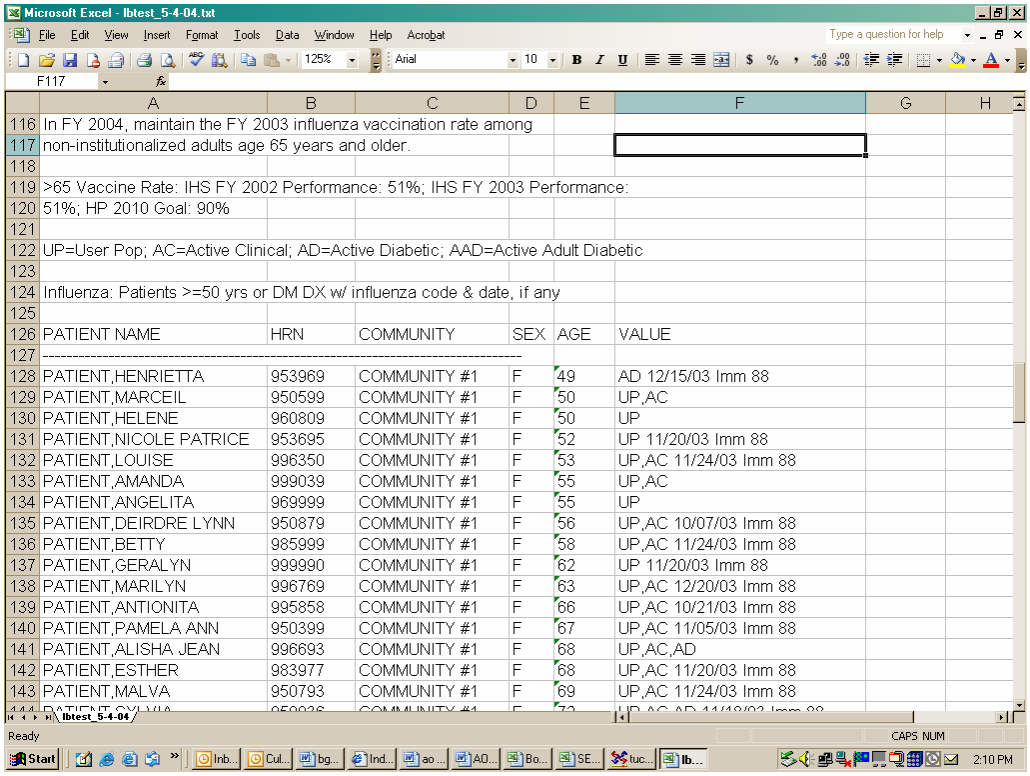
10.3 Sorting Patient Lists in Excel

Patient lists can be more easily sorted and formatted in Excel. First, run any of the reports containing patient lists (e.g. Selected Measures COM, PP, or ALL reports). Then select Delimited as your report output option.

Follow the steps above to open your delimited report in Excel. The following example demonstrates how to identify at risk patients who need to receive influenza immunizations.

1. In Excel, scroll down to the patient list that you want to sort.

2. Format the spreadsheet to see the data more clearly, e.g., change the width of some columns (Figure 10-9).

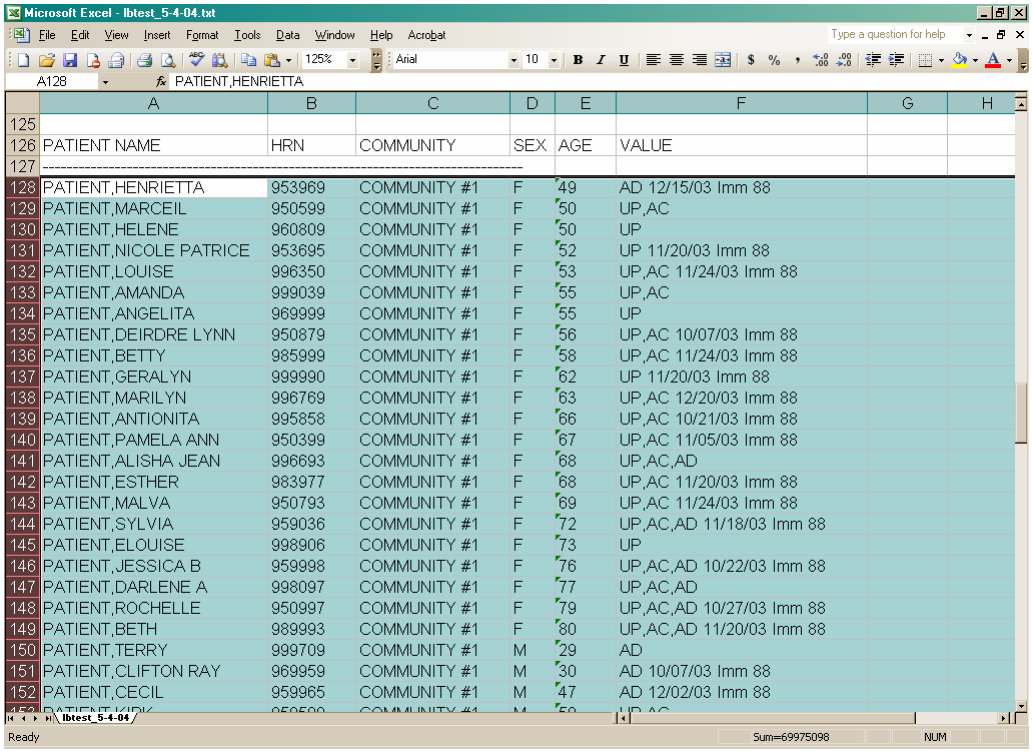


Microsoft Excel - lbtest_5-4-04.txt

	A	B	C	D	E	F	G	H
116	In FY 2004, maintain the FY 2003 influenza vaccination rate among							
117	non-institutionalized adults age 65 years and older.							
118								
119	>65 Vaccine Rate: IHS FY 2002 Performance: 51%; IHS FY 2003 Performance:							
120	51%; HP 2010 Goal: 90%							
121								
122	UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic							
123								
124	Influenza: Patients >=50 yrs or DM DX w/ influenza code & date, if any							
125								
126	PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE		
127	----------							
128	PATIENT,HENRIETTA	953969	COMMUNITY #1	F	49	AD 12/15/03 Imm 88		
129	PATIENT,MARCEIL	950599	COMMUNITY #1	F	50	UP,AC		
130	PATIENT,HELENE	960809	COMMUNITY #1	F	50	UP		
131	PATIENT,NICOLE PATRICE	953695	COMMUNITY #1	F	52	UP 11/20/03 Imm 88		
132	PATIENT,LOUISE	996350	COMMUNITY #1	F	53	UP,AC 11/24/03 Imm 88		
133	PATIENT,AMANDA	999039	COMMUNITY #1	F	55	UP,AC		
134	PATIENT,ANGELITA	969999	COMMUNITY #1	F	55	UP		
135	PATIENT,DEIRDRE LYNN	950879	COMMUNITY #1	F	56	UP,AC 10/07/03 Imm 88		
136	PATIENT,BETTY	985999	COMMUNITY #1	F	58	UP,AC 11/24/03 Imm 88		
137	PATIENT,GERALYN	999990	COMMUNITY #1	F	62	UP 11/20/03 Imm 88		
138	PATIENT,MARILYN	996769	COMMUNITY #1	F	63	UP,AC 12/20/03 Imm 88		
139	PATIENT,ANTIONITA	995858	COMMUNITY #1	F	66	UP,AC 10/21/03 Imm 88		
140	PATIENT,PAMELA ANN	950399	COMMUNITY #1	F	67	UP,AC 11/05/03 Imm 88		
141	PATIENT,ALISHA JEAN	996693	COMMUNITY #1	F	68	UP,AC,AD		
142	PATIENT,ESTHER	983977	COMMUNITY #1	F	68	UP,AC 11/20/03 Imm 88		
143	PATIENT,MALVA	950793	COMMUNITY #1	F	69	UP,AC 11/24/03 Imm 88		

Figure 10-9: Formatted Patient List in Excel

3. Highlight all of the rows containing patient names and information (Figure 10-10).



Microsoft Excel - lbtest_5-4-04.txt

	A	B	C	D	E	F	G	H
125								
126	PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE		
127	----------							
128	PATIENT,HENRIETTA	953969	COMMUNITY #1	F	49	AD 12/15/03 Imm 88		
129	PATIENT,MARCEIL	950599	COMMUNITY #1	F	50	UP,AC		
130	PATIENT,HELENE	960809	COMMUNITY #1	F	50	UP		
131	PATIENT,NICOLE PATRICE	953695	COMMUNITY #1	F	52	UP 11/20/03 Imm 88		
132	PATIENT,LOUISE	996350	COMMUNITY #1	F	53	UP,AC 11/24/03 Imm 88		
133	PATIENT,AMANDA	999039	COMMUNITY #1	F	55	UP,AC		
134	PATIENT,ANGELITA	969999	COMMUNITY #1	F	55	UP		
135	PATIENT,DEIRDRE LYNN	950879	COMMUNITY #1	F	56	UP,AC 10/07/03 Imm 88		
136	PATIENT,BETTY	985999	COMMUNITY #1	F	58	UP,AC 11/24/03 Imm 88		
137	PATIENT,GERALYN	999990	COMMUNITY #1	F	62	UP 11/20/03 Imm 88		
138	PATIENT,MARILYN	996769	COMMUNITY #1	F	63	UP,AC 12/20/03 Imm 88		
139	PATIENT,ANTIONITA	995858	COMMUNITY #1	F	66	UP,AC 10/21/03 Imm 88		
140	PATIENT,PAMELA ANN	950399	COMMUNITY #1	F	67	UP,AC 11/05/03 Imm 88		
141	PATIENT,ALISHA JEAN	996693	COMMUNITY #1	F	68	UP,AC,AD		
142	PATIENT,ESTHER	983977	COMMUNITY #1	F	68	UP,AC 11/20/03 Imm 88		
143	PATIENT,MALVA	950793	COMMUNITY #1	F	69	UP,AC 11/24/03 Imm 88		
144	PATIENT,SYLVIA	959036	COMMUNITY #1	F	72	UP,AC,AD 11/18/03 Imm 88		
145	PATIENT,ELOUISE	998906	COMMUNITY #1	F	73	UP		
146	PATIENT,JESSICA B	959998	COMMUNITY #1	F	76	UP,AC,AD 10/22/03 Imm 88		
147	PATIENT,DARLENE A	998097	COMMUNITY #1	F	77	UP,AC,AD		
148	PATIENT,ROCHELLE	950997	COMMUNITY #1	F	79	UP,AC,AD 10/27/03 Imm 88		
149	PATIENT,BETH	989993	COMMUNITY #1	F	80	UP,AC,AD 11/20/03 Imm 88		
150	PATIENT,TERRY	999709	COMMUNITY #1	M	29	AD		
151	PATIENT,CLIFTON RAY	969959	COMMUNITY #1	M	30	AD 10/07/03 Imm 88		
152	PATIENT,CECIL	959965	COMMUNITY #1	M	47	AD 12/02/03 Imm 88		

Figure 10-10: Highlight Rows

4. Select Data/Sort from the Menu options. The Sort dialog box will display on the screen.

5. Select the columns that you want to sort by. The example displayed here will sort the list by the data (last) column, to produce a list that will display patients with no immunizations, organized by denominator type, community and age.

   If you have formatted your spreadsheet as text, the Sort Warning dialog box will display. Select the first option.

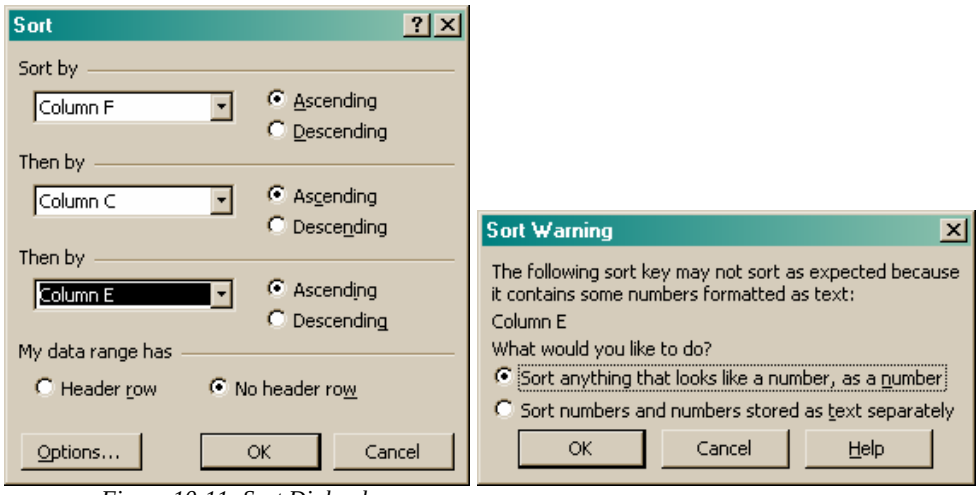
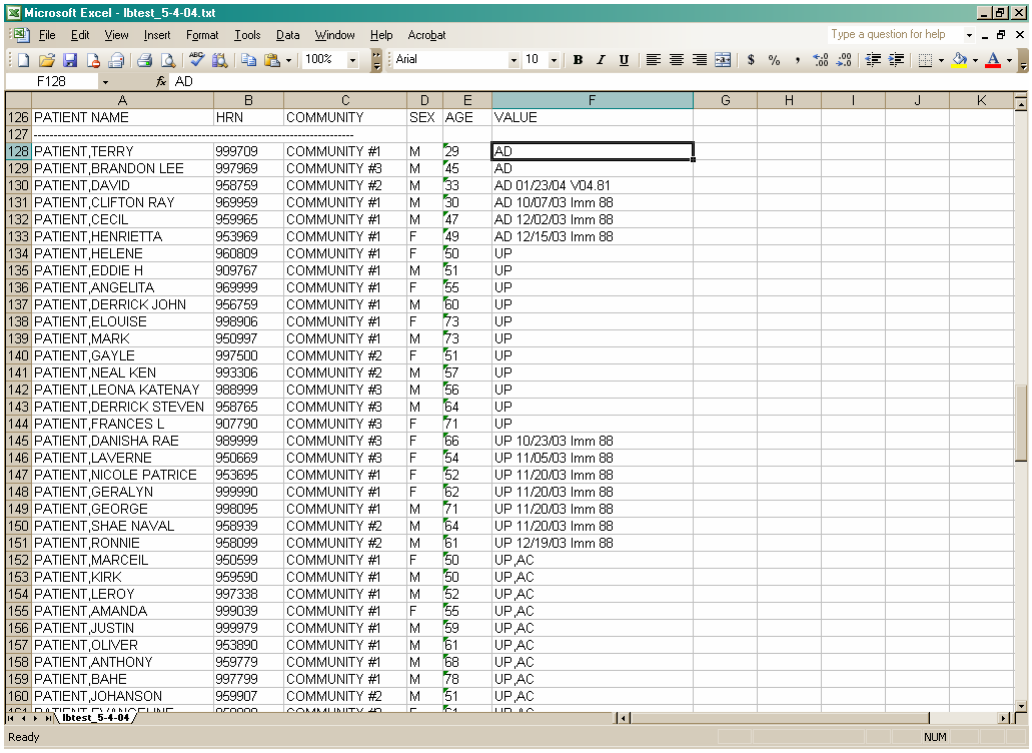


Figure 10-11: Sort Dialog boxes.

6. The spreadsheet now displays the list of patients organized by denominator type (Active Diabetic, User Population, Active Clinical or multiple denominators). Within each denominator type, you can easily see the patients with no influenza immunization documented.



Microsoft Excel - lbtest_5-4-04.txt

File Edit View Insert Format Tools Data Window Help Acrobat

F128 AD

	A	B	C	D	E	F	G	H	I	J	K
126	PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE					
127	----------										
128	PATIENT,TERRY	999709	COMMUNITY #1	M	29	AD					
129	PATIENT,BRANDON LEE	997969	COMMUNITY #3	M	45	AD					
130	PATIENT,DAVID	958759	COMMUNITY #2	M	33	AD 01/23/04 V04.81					
131	PATIENT,CLIFTON RAY	969959	COMMUNITY #1	M	30	AD 10/07/03 Imm 88					
132	PATIENT,CECIL	959965	COMMUNITY #1	M	47	AD 12/02/03 Imm 88					
133	PATIENT,HENRIETTA	953969	COMMUNITY #1	F	49	AD 12/15/03 Imm 88					
134	PATIENT,HELENE	960809	COMMUNITY #1	F	50	UP					
135	PATIENT,EDDIE H	909767	COMMUNITY #1	M	51	UP					
136	PATIENT,ANGELITA	969999	COMMUNITY #1	F	55	UP					
137	PATIENT,DERRICK JOHN	956759	COMMUNITY #1	M	60	UP					
138	PATIENT,ELOUISE	998906	COMMUNITY #1	F	73	UP					
139	PATIENT,MARK	950997	COMMUNITY #1	M	73	UP					
140	PATIENT,GAYLE	997500	COMMUNITY #2	F	51	UP					
141	PATIENT,NEAL KEN	993306	COMMUNITY #2	M	57	UP					
142	PATIENT,LEONA KATENAY	988999	COMMUNITY #3	M	56	UP					
143	PATIENT,DERRICK STEVEN	958765	COMMUNITY #3	M	64	UP					
144	PATIENT,FRANCES L	907790	COMMUNITY #3	F	71	UP					
145	PATIENT,DANISHA RAE	989999	COMMUNITY #3	F	66	UP 10/23/03 Imm 88					
146	PATIENT,LAVERNE	950669	COMMUNITY #3	F	54	UP 11/05/03 Imm 88					
147	PATIENT,NICOLE PATRICE	953695	COMMUNITY #1	F	52	UP 11/20/03 Imm 88					
148	PATIENT,GERALYN	999990	COMMUNITY #1	F	62	UP 11/20/03 Imm 88					
149	PATIENT,GEORGE	998095	COMMUNITY #1	M	71	UP 11/20/03 Imm 88					
150	PATIENT,SHAE NAVAL	958939	COMMUNITY #2	M	64	UP 11/20/03 Imm 88					
151	PATIENT,RONNIE	958099	COMMUNITY #2	M	61	UP 12/19/03 Imm 88					
152	PATIENT,MARCEIL	950599	COMMUNITY #1	F	50	UP,AC					
153	PATIENT,KIRK	959590	COMMUNITY #1	M	50	UP,AC					
154	PATIENT,LEROY	997338	COMMUNITY #1	M	52	UP,AC					
155	PATIENT,AMANDA	999039	COMMUNITY #1	F	55	UP,AC					
156	PATIENT,JUSTIN	999979	COMMUNITY #1	M	59	UP,AC					
157	PATIENT,OLIVER	953890	COMMUNITY #1	M	61	UP,AC					
158	PATIENT,ANTHONY	959779	COMMUNITY #1	M	68	UP,AC					
159	PATIENT,BAHE	997799	COMMUNITY #1	M	78	UP,AC					
160	PATIENT,JOHANSON	959907	COMMUNITY #2	M	51	UP,AC					

lbtest_5-4-04

Ready NUM

Figure 10-12: Resorted Patient List, Showing Patients with No Influenza Vaccination Documented

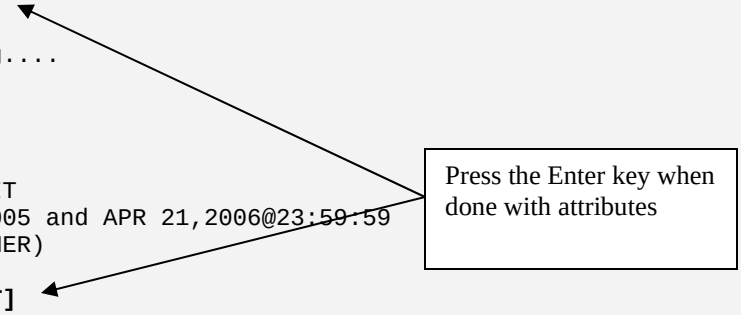
11.0 Appendix C: Creating a Patient Panel

The following demonstrates an example of using QMan to create a list, or panel, of patients. Patient panels can be defined by users and used as the population for clinical performance reporting with the PP Selected Measures with Patient Panel Population report (see Section 6.1.6 for detailed description). Patient panels must be created as FileMan search templates.

The example below shows how to create a list of all female patients seen in the past year by a specific provider designated as the primary provider for a visit.

```
                        *****  Q-MAN OPTIONS  *****

     Select one of the following:

          1         SEARCH PCC Database (dialogue interface)
          2         FAST Facts (natural language interface)
          3         RUN Search Logic
          4         VIEW/DELETE Taxonomies and Search Templates
          5         FILEMAN Print
          9         HELP
          0         EXIT

     Your choice: SEARCH//  PCC Database (dialogue interface)


               *****  SEARCH CRITERIA  *****

What is the subject of your search?  LIVING PATIENTS //   LIVING PATIENTS

   Subject of search: PATIENTS
      ALIVE TODAY   [SER = .04]

Attribute of LIVING PATIENTS: SEX
CHOOSE FROM:
       M       MALE
       F       FEMALE
Value: F  FEMALE
Computing Search Efficiency Rating..................................................

   Subject of search: PATIENTS
      ALIVE TODAY   [SER = .04]
      SEX: FEMALE     [SER = .66]

Attribute of LIVING PATIENTS: VISIT

SUBQUERY: Analysis of multiple VISITS

First condition of "VISIT": BETWEEN,DATES (inclusive)
Exact starting date: T-365  (APR 22, 2005)
Exact ending date: T  (APR 21, 2006)

Next condition of "VISIT": PROVIDER
            *****  PROVIDER-RELATED CRITERIA  *****

You can either specify one or more providers by NAME, or.....
You can specify one or more PROVIDER ATTRIBUTES (affiliation, specialty, etc)
to be used as selection criteria.
```

```
     Select one of the following:

          1         NAME(S) of providers
          2         ATTRIBUTE(S) of providers

     Your choice: NAME(S)//  of providers

Enter PROVIDER: USER,LORI
Enter ANOTHER PROVIDER:

The following have been selected =>

     BUTCHER,LORI A
When I check the providers from each encounter, you can limit my analysis
to the PRIMARY provider only, SECONDARY providers, or ALL providers.

     Select one of the following:

          1         PRIMARY provider only
          2         SECONDARY providers only
          3         ALL providers

     Your choice: ALL// 1  PRIMARY provider only

         Subject of subquery: VISIT
         BETWEEN BETWEEN APR 22,2005 and APR 21,2006@23:59:59
         PRIMARY PROVIDERS  (ADAM)

Next condition of "VISIT": [ENT]

Computing Search Efficiency Rating....

   Subject of search: PATIENTS
      ALIVE TODAY   [SER = .04]
      SEX: FEMALE     [SER = .66]
         Subject of subquery: VISIT
         BETWEEN BETWEEN APR 22,2005 and APR 21,2006@23:59:59
         PRIMARY PROVIDERS  (BUTCHER)

Attribute of LIVING PATIENTS: [ENT]

                     *****  Q-MAN OUTPUT OPTIONS  *****

     Select one of the following:

          1         DISPLAY results on the screen
          2         PRINT results on paper
          3         COUNT 'hits'
          4         STORE results of a search in a FM search template
          5         SAVE search logic for future use
          6         R-MAN special report generator
          9         HELP
          0         EXIT


     Your choice: DISPLAY// 4  STORE results of a search in a FM search template

Fileman users please note =>
This template will be attached to IHS' PATIENT file (#9000001)
```



```
Enter the name of the SEARCH TEMPLATE: LAB SEEN BY LORI IN PAST YR
  Are you adding 'LAB SEEN BY LORI IN PAST YR' as
    a new SORT TEMPLATE? No// Y  (Yes)
DESCRIPTION:
  No existing text
  Edit? NO//

Want to run this task in background? No//   (No)

...SORRY, JUST A MOMENT PLEASE...

PATIENTS         SANTA  SEX     VISIT
(Alive)          NUMBER
--------------------------------------------------------------------------------
LASTNAME,AMY LY* 123456 FEMALE  +
ROBERTSON,EMILY* 234567 FEMALE  +
BROWN,GRETA*     345678 FEMALE  +
MOUSE,MINNIE     456789 FEMALE  +
UPDOWN,FIRST     654321 FEMALE  +


Search template completed...

This query generates 5 "hits"
Time required to create search template: 10 SECONDS
```

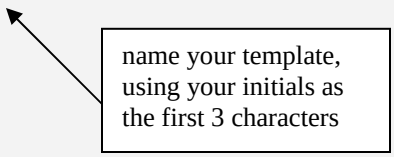


Figure 11-1: Creating a list of all female patients

12.0 Appendix D: AI/AN Clinical Information on Measures

12.1 Measure 7: Cancer Screening: Pap Smears

Cervical cancer screening is one of the success stories of cancer prevention. Although cervical cancer was once the leading cancer killer of women, it now ranks 13th in mortality among US women.[7] An estimated 9,710 new cases of cervical cancer and 3,700 cervical cancer-related deaths are projected to occur in 2006 in the United States.[8]

When found and treated early, cervical cancer often can be cured. The incidence of cervical cancer has declined 70% since the introduction of the Pap smear in 1941.[9] Between 1955 and 1992, the number of cervical cancer deaths in the United States dropped by 74%, as Pap screening became more widespread. The death rate from cervical cancer continues to decline by about 4% a year.[10] A Pap smear can detect changes in the cervix before cancer develops. It can also find early cancer in its most curable stage. About 50% of cervical cancers occur in women who have never had a Pap and another 10% of cases occur in women who seldom get Pap screens (women who have not had a Pap within the previous 5 years or longer).[11]

While regular Pap screening has become a standard part of gynecological care, disparities still persist. In 2004, 80% of US women (all races) with commercial health insurance had received a Pap screen within the past 3 years, compared to only 63.5% of women on Medicaid.[12] In the National Breast and Cervical Cancer Early Detection Program study of low-income women, only 60% of 312,858 women reported ever having had a Pap smear.[13]

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[7] Saslow D, Runowicz CD, Solomon D, Moscicki AB, Smith RA, Eyre HJ, Cohen C; American Cancer Society. American Cancer Society guideline for the early detection of cervical neoplasia and cancer. *CA Cancer J Clin.* 2002 Nov-Dec;52(6):342-62.

[8] ACS: *Overview: Cervical Cancer http://www.cancer.org/docroot/CRI/CRI_2_1x.asp?dt=8*

[9] Sedlacek T. Cost Effectiveness in New Technology in Cervix Cancer Screening *Epidemiology* 2002; 13;26-29. Since 1973, the incidence and mortality of cervical cancer has declined by 40%.

[10] "What are the Key Statistics about Cervical Cancer?" American Cancer Society. http://www.cancer.org/docroot/CRI/content/CRI_2_4_1X_What_are_the_key_statistics_for_cervical_cancer_8.asp?sitearea=

[11] Cox, T. "Human Papillomavirus and Cervical Cancer: A Quick Reference Guide for Physicians" 2001 http://www.arhp.org/healthcareproviders/onlinepublications/clinicalproceedings/cc_introduction.cfm?ID=95)

[12] NCQA. HEDIS 2004 http://www.ncqa.org/programs/hedis/Audit/2004MPR.htm

[13] Lawson H. W., Lee N. C., Thames S. F., Henson R., Miller D. S. Cervical cancer screening among low-income women: results of a national screening program, 1991–1995. *Obstet. Gynecol.*, 92: 745-752, 1998

Although American Indian and Alaska Native women once had very high incidence rates of cervical cancer, in recent years, this rate has declined. Yet, while AI/AN women now have a lower overall cervical cancer *incidence* rate than the US average, their *mortality* rate for cervical cancer has not shown the same rate of decline. From 1984-1988, the age-adjusted mortality rate for cervical cancer was 7.6 per 100,000 for AI/AN women, versus 3.1 for the total US female population.[14]

Although there has been improvement in recent years, a basic disparity continues. The American Cancer Society reports a mortality rate for cervical cancer of 2.6 per 100,000 for AI/AN women, versus 2.5 for whites, 5.3 for African Americans, 2.7 for Asians, and 3.5 for Hispanics. Given their lower cervical cancer incidence rates, the mortality rate among AI/AN women is relatively high compared to other groups.[15]

Among certain AI/AN populations, cervical cancer mortality and incidence rates are even higher. Among the AI population in North and South Dakota, for example, age-adjusted cervical cancer mortality rates were five times the national average between 1989 and 1993 (15.6/100,000 vs. 3.1/100,000). For the period 1994-1998, researchers found an annualized cervical cancer incidence rate of 11.5 per 100,000, compared to a national all race/ethnicity rate of 8.5 per 100,000. They also found a mortality rate of 4.5 per 100,000, compared to a national all-race/ethnicity rate of 2.7 per 100,000.[16]

One reason for a higher relative mortality rate among AI/AN women is low Pap screening rates. Native American women are more likely than any other racial or ethnic group to report never having had a prior Pap screen, and they also have the highest proportion of abnormal first screens (4.4% positive versus 3.0% for whites).[17]

Because of lower screening rates, AI/AN women with cervical cancer are less likely to have their cancers found at an earlier, more treatable stage. Lower Pap smear screening rates translate into later stages at diagnosis and poorer outcomes.[18] The 5-year relative survival rate for invasive cervical cancer caught at its earliest stage is almost 100%. A more advanced cancer that has not yet spread to lymph nodes or elsewhere (localized cancer) has a survival rate of about 92%. Only 13% of those with distant disease will survive 5 years. The overall (all stages combined) 5-year relative survival rate for cervical cancer is about 73%.[19]

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[14] Valway S. Cancer Mortality Among Native Americans in the United States: regional differences in Indian health, 1984-1988 & trends over time, 1968-1987 DHHS, PHS, Indian Health Service, 1991.

[15] American Cancer Society Cancer Facts and Figures 2006.
http://www.cancer.org/downloads/STT/CAFF2006PWSecured.pdf

[16] Leman RF, Espey D, Cobb N. Invasive cervical cancer among American Indian Women in the Northern Plains, 1994-1998: incidence, mortality, and missed opportunities. Public Health Rep 2005 May-Jun; 120(3):283-7.

[17] Bernard V, Lee N, Piper M, Richardson L. Race-specific results of Papanicolaou testing and the rate of cervical neoplasia in the National Breast and Cervical Cancer Early Detection Program, 1991–1998 (United States) *Cancer Causes and Control* Vol. 12, N 1. 2001: 61-68.

[18] Garner E. Cervical Cancer: Disparities in Screening, Treatment, and Survival *Cancer Epidemiology Biomarkers & Prevention* Vol. 12, 242S-247S, March 2003.

[19] US Preventive Services Task Force. *Screening for Cervical Cancer: Recommendations and Rationale*. January 2003; and "What are the Key Statistics about Cervical Cancer?" American Cancer Society.

The main risk factor for cervical cancer is infection by the Human Papilloma Virus (HPV). Most HPV infections will not lead to cervical cancer, but nearly 100% of women with cervical cancer have evidence of infection with HPV.[20] HPV is a group 100 different types or strains of viruses, of which over 30 are sexually transmitted. HPVs are classified into high, intermediate, and low-risk types based on their association with invasive cancer. Types 16 and 18 are considered high-risk (oncogenic) types and are associated with aggressive forms of cervical cancers. The major risk factor for HPV infection is sexual behavior, including early age at onset of sexual activity, multiple sexual partners, failure to use barrier methods of contraception, and co-infection with other sexually transmitted diseases, particularly HIV. Genital HPV infection is especially common among sexually active young women (under age 25). By age 50, about 80 percent of women will have acquired a genital HPV infection.[21]

There are also lifestyle risk factors for cervical cancer. Researchers believe that tobacco use damages the DNA of cervical cells; women who smoke are about twice as likely as non smokers to develop cervical cancer. Diets low in fruits and vegetables are also associated with an increased risk of cervical cancer.[22] Other risk factors include HIV infection, Chlamydia infection, long-term contraceptive use, multiple pregnancies, low socio-economic status, DES exposure, and a family history of cervical cancer.[23]

The US Preventative Services Task Force found "good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer." The USPSTF also found that "indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years"[24]

The American Cancer Society also recommends that screening for cervical cancer "should begin approximately three years after a woman begins having vaginal intercourse, but no later than 21 years of age." The ACS recommends a screening schedule of "every year with regular Pap tests or every two years, using liquid-based tests" for women up to age 30. Women over age 30 with three normal test results in a row may be screened every 2-3 years. Women with weak immune systems or HIV

http://www.cancer.org/docroot/CRI/content/CRI_2_4_1X_What_are_the_key_statistics_for_cervical_cancer_8.asp?sitearea=

[20] American Cancer Society: Cancer Facts and Figures 2005

[21] CDC "Cervical Cancer and Pap Test Information" http://www.cdc.gov/cancer/nbccedp/info-cc.htm; Garner E. Cervical Cancer: Disparities in Screening, Treatment, and Survival *Cancer Epidemiology Biomarkers & Prevention* Vol. 12, 242S-247S, March 2003.

[22] American Cancer Society "What is a Pap Test?" http://www.cancer.org/docroot/PED/content/PED_2_3X_Pap_Test.asp?sitearea=PED

[23] American Cancer Society "What are the Key Statistics about Cervical Cancer?" http://www.cancer.org/docroot/CRI/content/CRI_2_4_1X_What_are_the_key_statistics_for_cervical_cancer_8.asp?sitearea

[24] US Preventive Services Task Force. *Screening for Cervical Cancer: Recommendations and Rationale*. January 2003.

infections may be tested more often. The ACS also recommends that "women age 70 and older who have had three or more normal Pap tests and no abnormal Pap tests in the last 10 years may choose to stop cervical cancer screening." The ACS further advises that "screening after total hysterectomy" is unnecessary "unless the surgery was done as a treatment for cervical cancer or pre-cancer."[25]

Pap screening every 3 years has been found to extend life at a cost of about $5,392 per year of life saved.[26] Health economists generally agree that if an intervention can save 1 year of life for less than $50,000, it is cost-effective.[27]

The HPV DNA test can also test for the types of HPV that are most likely to cause cervical cancer. The FDA has approved it for use as a screening test *in combination with the Pap test* in women over 30 years old. The HPV DNA test is not recommended as a screening test in women under 30 because the test is not as useful in this population. The HPV DNA test can also be used in women with slightly abnormal Pap test results to determine if more testing or treatment is needed.[28]

12.2 Measure 8: Cancer Screening: Mammography

Breast cancer is the second most commonly diagnosed cancer among American women, after skin cancer. Breast cancer is also the second leading cause of cancer death among U.S. women, after lung cancer.[29] The American Cancer Society estimates that in 2006, 212,920 women will be diagnosed with invasive breast cancer, and that there are over 2 million women living in the United States who have been treated for breast cancer. The ACS also estimates that 40,970 women will lose their lives to the disease in 2006.[30]

Breast cancer incidence and mortality rates increase with age. Between 1998 and 2002, 95% of all new cases and 97% of breast cancer deaths occurred in women age 40 and older. During this period, the median age at the time of diagnosis of breast cancer was 61 years.[31] About 77% of diagnoses are among women over 50.[32]

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[25] Early detection of cervical cancer. CA Cancer J Clin. 2002 Nov-Dec;52(6):375-6.

[26] McCrory, DC, Mather, DB, Bastian, L. et al. Evaluation of Cervical Cytology. Evidence Report/Technology Assessment No. 5. Rockville, Maryland: Agency for Health Care Policy and Research, 1999. AHCPR publication no. 99–E010.

[27] Gold MR, Siegel JE, Russell LB, Weinstein MC. *Cost-Effectiveness in Health and Medicine*. New York: Oxford University Press, 1996.

[28] American Cancer Society. Can Cervical Cancer be prevented? http://www.cancer.org/docroot/CRI/content/CRI_2_4_2X_Can_cervical_cancer_be_prevented_8.asp?rnav=cri

[29] American Cancer Society, *Cancer Facts and Figures, 2004* *http://www.cancer.org/downloads/STT/CAFF_finalPWSecured.pdf*

[30] American Cancer Society, *Cancer Facts and Figures, 2005* *http://www.cancer.org/downloads/STT/CAFF2005f4PWSecured.pdf*
ACS, *Overview: Breast Cancer* http://www.cancer.org/docroot/CRI/CRI_2_1x.asp?dt=5

[31] American Cancer Society, Breast Cancer Facts and Figures 2005-2006 http://www.cancer.org/downloads/STT/CAFF2005BrF.pdf

Between 1998 and 2002, the breast cancer incidence rate among AI/AN women was 54.8/1000 and the mortality rate was 13.8/1000.[33] Although the incidence of breast cancer among AI/AN women is lower than that for other racial and ethnic groups, breast cancer is still the second leading cause of cancer death among AI/AN women.[34] Lack of physical activity, alcohol consumption, and obesity, health risks often found in the AI/AN community, have been linked to increased risk of breast cancer.[35]

Numerous trials and evaluations have shown that early detection of breast cancer through mammography increases the number of treatment options, improves the chance of successful treatment, and raises survival rates. Mammography detects an average of 90% of breast cancers in women without symptoms.[36] Through mammography, breast cancer can be detected at its earliest, most treatable stage, an average of 1-3 years before a woman can feel a lump. Mammography also locates cancers too small to be felt during a clinical breast examination.[37]

Regular mammography screening has been shown to reduce overall breast cancer mortality. One major review study found an average 24% percent mortality reduction associated with regular screening.[38] In 2002, the US Preventative Services Task Force concluded there was fair evidence that mammography screening every 1-2 years could reduce breast cancer mortality by approximately 20 percent to 25 percent over 10 years for women aged 40 and older.[39] According to the CDC, regular mammography screening of women ages 40 and over could reduce breast cancer mortality by approximately 16 percent overall.[40] One Swedish study found a mortality reduction of 30% for women ages 40-74, and 34% for women ages 50-74 through regular mammography screening.[41]

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[32] American Cancer Society. Breast Cancer Detailed Guide. Atlanta, Georgia: American Cancer Society, 2004. http://documents.cancer.org/104.00/104.00.pdf

[33] American Cancer Society, Breast Cancer Facts and Figures 2005-2006 http://www.cancer.org/downloads/STT/CAFF2005BrF.pdf

[34] MMWR Cancer mortality among American Indians and Alaska natives—United states, 1994-1998. 8/1/2003 53 (30);704-707. The mortality rate for breast cancer among AI/AN women is 17.0 per 100,000, compared to 29.4 for all races.

[35] American Cancer Society, *Breast Cancer Facts and Figures 2001-2002* *http://www.cancer.org/downloads/STT/BrCaFF2001.pdf*

[36] American Cancer Society, *Breast Cancer Facts and Figures, 2003-2004* http://www.cancer.org/downloads/STT/CAFF2003BrFPWSecured.pdf

[37] The National Breast and Cervical Cancer Early Detection Program: Saving Lives Through Screening 2004/2005 Fact Sheet http://www.cdc.gov/cancer/nbccedp/about2004.htm

[38] Smith et al, American Cancer Society guidelines for breast cancer screening: update 2003. *Cancer: A Journal for Clinicians*. 2003 May-Jun;53(3):141-69. http://caonline.amcancersoc.org/cgi/reprint/53/3/141.pdf

[39] U.S. Preventive Services Task Force. *Screening for Breast Cancer: Recommendations and Rationale*. February 2002. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/clinic/3rduspstf/breastcancer/brcanrr.htm

[40] The National Breast and Cervical Cancer Early Detection Program: Saving Lives Through Screening 2004/2005 Fact Sheet http://www.cdc.gov/cancer/nbccedp/about2004.htm

[41] Tabar L, Fagerberg G, Chen HH, Duffy SW, Smart CR, Gad A, Smith RA Efficacy of breast cancer screening by age. New results from the Swedish Two-County Trial. *Cancer*. 1995 May 15;75(10):2507-17.

Since the late 1980s, breast cancer mortality has declined among women of all races. Between 1990 and 2002, the death rate declined 2.3% annually.[42] The biggest improvement in the mortality rate was among younger women; among women under 50, the death rate declined by 3.7% from 1991 to 2000; among women over 50, the rate declined by 2.0 between 1990 and 2000. These decreases are thought to be the result of increased awareness, earlier detection through mammography screening, and improved treatment.[43] About 80% of all U.S. women aged 50 or older reported in 2002 that they had a mammogram in the previous 2 years, compared with 64% in 1992.[44]

However, there are disparities in rates of mammography screening for different groups. Women with less than a high school education, without heath insurance, or members of an ethnic minority are less likely to have had a recent mammogram.[45] Poor women are also less likely to have had a recent mammogram.[46]

American Indian and Alaska Native women also have significantly lower rates of mammography screening than other races. In 2000, the CDC found that 71.4% of white women 40 and over reported having a mammogram within the past two years, while only 47.3% of AI/AN women 40 and over did.[47] A survey published in 1999 found that 54% percent of American Indian and Alaska Native women aged 50 years and older had not had a mammogram in the past 24 months.[48]

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[42] American Cancer Society, Breast Cancer Facts and Figures 2005-2006
http://www.cancer.org/downloads/STT/CAFF2005BrF.pdf

[43] American Cancer Society, *Breast Cancer Facts and Figures, 2003-2004*
http://www.cancer.org/downloads/STT/CAFF2003BrFPWSecured.pdf
The most significant improvement in the mortality rate came in the late 1990s. Between 1989 and 1995, there was a 1.6% annual reduction in breast cancer mortality. However, there was a 3.4% annual reduction from 1995 and 1998. The biggest mortality decline occurred among women under 50, with an average decline of 3.1% per year from 1990-1998 (2.1% for over 50). See American Cancer Society, *Breast Cancer Facts and Figures 2001-2002*

[44] Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1999 and 2002. Available at (Public Use Data Set) http://www.cdc.gov/brfss/technical_infodata/surveydata.htm

[45] American Cancer Society, *Breast Cancer Facts and Figures, 2003-2004*
http://www.cancer.org/downloads/STT/CAFF2003BrFPWSecured.pdf

[46] While 72.2% of "near poor or non poor" women aged 40 and over reported having a mammogram within the past two years in 2000, only 55.2% of poor women aged 40 and over did. CDC National Center for Health Statistics "Use of Mammography for women 40 years of age and over according to selected characteristics; United States, selected years, 1987-2000." http://www.cdc.gov/nchs/data/hus/tables/2003/03hus080.pdf

[47] CDC National Center for Health Statistics "Use of Mammography for women 40 years of age and over according to selected characteristics; United States, selected years, 1987-2000."
http://www.cdc.gov/nchs/data/hus/tables/2003/03hus080.pdf Note: some women mistake other procedures such as a chest x-ray for a mammogram. Therefore the actual mammogram screening rate is often lower than the self-reported rate.

[48] Dept. of Health and Human Services. The Health of American Indian & Alaska Native Women. Information Sheet. Washington, DC: June 1999.

Low screening rates often result in poorer outcomes for AI/AN women diagnosed with breast cancer. While the incidence of breast cancer among AI/AN women is lower than other groups, AI/AN women diagnosed with breast cancer have lower five-year survival rates in comparison to U.S. whites, mainly because their cancers are less likely to be found in earlier stages.[49] As a result, the breast cancer *mortality* rate among AI/AN women is higher, relative to the *incidence* rate, when compared to other ethnic groups.[50]

Although there has been overall improvement in breast cancer mortality rates since 1990, AI/AN women have not shared these gains. From 1992 to 2002, death rates from breast cancer declined by 2.4% for whites, 1.8% for Hispanics, and 1.0% for African Americans and Asian Americans, but did not change for American Indians and Alaska Natives.[51]

Researchers have argued that the death rate from breast cancer could be reduced by more than 30% in American Indian women if current recommendations for biennial screening were followed.[52]

The CDC recommends that women between the ages of 50 and 74 receive a mammogram every 1-2 years. Because most diagnosed cases of breast cancer are among women aged 50 years or older, biennial screening of women between 50 and 69 has been shown to be a particularly cost-effective way to decrease the breast cancer mortality rate.[53]

The US Preventative Services Task Force recommends screening mammography every 1-2 years for women aged 40 and older**.** The USPSTF "found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer." The USPSTF also found that "evidence is strongest for women aged 50-69."[54]

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[49] Frost F, Tollestrup K, Hunt WC, Gilliland F, Key CR, Urbina CE. Breast cancer survival among New Mexico Hispanic, American Indian, and non-Hispanic white women (1973-1992). Cancer Epidemiology Biomarkers and Prevention 1996 Nov; 5(11):861-6.

[50] The incidence of breast cancer among AI/ANs is 54.2 per 100,000 vs. 141.7 for whites, 96.8 for Asians, and 89.6 for Hispanics/Latinas. The breast cancer mortality rate for AI/AN women is 13.6, versus 26.4 for whites, 12.6 for Asians, and 17.3 for Hispanics/Latinas. American Cancer Society, *Cancer Facts and Figures, 2005* *http://www.cancer.org/downloads/STT/CAFF2005f4PWSecured.pdf*

[51] American Cancer Society, Breast Cancer Facts and Figures 2005-2006 http://www.cancer.org/downloads/STT/CAFF2005BrF.pdf

[52] Risendal B, Roe D, DeZapien J, Papenfuss M, Giuliano A. Influence of health care, cost, and culture on breast cancer screening: issues facing urban American Indian women. *Preventative Medicine* 1999 Dec;29(6 Pt 1):501-9.

[53] The National Breast and Cervical Cancer Early Detection Program: Saving Lives Through Screening 2004/2005 Fact Sheet http://www.cdc.gov/cancer/nbccedp/about2004.htm ;
Salzmann P, Kerlikowske K, Phillips K. Cost Effectiveness of Extending Screening Mammography Guidelines to Include Women 40-49 Years of Age *Annals of Internal Medicine* 1997; 127:955-965.

[54] U.S. Preventive Services Task Force. *Screening for Breast Cancer: Recommendations and Rationale*. February 2002. Agency for Healthcare Research and Quality, Rockville, MD.
http://www.ahrq.gov/clinic/3rduspstf/breastcancer/brcanrr.htm

A review of cost effectiveness of mammography screening found that biennial screening extends life for women aged 65 or older at a cost of about $36,924 per year of life saved.[55] Health economists generally agree that if an intervention can save 1 year of life for less than $50,000, it is cost-effective.[56]

Provider recommendation is strong predictor of mammography use. One study found that "the most frequent reason cited by women for failure to have mammography is that a physician did not recommend one."[57] Another study found that "94% of women whose physicians had recommended mammograms had had one in the last 2 years, while only 36% of women whose physicians had not made the recommendation had had a mammogram."[58]

12.3 Measure 9: Cancer Screening: Colorectal Cancer Screening

Colorectal cancers are the third most common cancers in the United States, and are the third leading cause of cancer death. The American Cancer Society projects that an estimated 106,680 new cases of colon cancer and 41,930 new cases of rectal cancer will occur in the United States in 2006. Additionally, 55,170 colorectal cancer-related deaths are projected to occur in 2006.[59]

Colorectal cancer rates among the Alaska Native population are well above the national average. Studies have tracked rates of 69.3 to 79.7 per 100,000 among Alaska Native men, and 67.4 to 71.4 per 100,000 among Alaska Native women.[60] [61] Alaska Native women, in particular, have colorectal cancer rates of more than twice the US average. Among all Alaska Natives, mortality rates from colorectal cancer are also much higher than the US average.[62]

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[55] Mandelblatt J, Saha S, Teutsch S, et al. The cost-effectiveness of screening mammography beyond age 65 years: a systematic review for the U.S. Preventive Services Task Force. *Annals of Internal Medicine 2003*;139(10):835–42.
[56] Gold MR, Siegel JE, Russell LB, Weinstein MC. *Cost-Effectiveness in Health and Medicine*. New York: Oxford University Press, 1996.
[57] Mandelblatt JS, Yabroff KR. Effectiveness of interventions designed to increase mammography use: a meta-analysis of provider-targeted strategies. *Cancer Epidemiology Biomarkers and Prevention*. 1999 Sep;8(9):759-67.
[58] The NCI Breast Cancer Screening Consortium. Screening Mammography: A Missed Clinical Opportunity: Results of the NCI Breast Cancer Screening Consortium and National Health Interview Survey Studies. *JAMA* 1990;264:54-58.
[59] American Cancer Society, *Colorectal Cancer Facts and Figures, 2006* Colorectal cancers are the second leading cause of cancer death among men, after lung cancer, and third leading cause of cancer death among women, after lung and breast cancer.
[60] Brown MO, Lanier AP, and Becker TM, Colorectal cancer incidence and survival among Alaska Natives, 1969-1993, *International Journal of Epidemiology* 1998 Jun; 27 (3); 388-396.
[61] Miller BA, Kolonel LN, Bernstein L, Young, Jr. JL, Swanson GM, West D, Key CR, Liff JM, Glover CS, Alexander GA, et. al. (eds). *Racial/Ethnic Patterns of Cancer in the United States, 1988-1992*, National Cancer Institute. NIH Pub. No. 96-4103. (SEER Program) Bethesda, MD , 1996.
[62] Miller BA, Kolonel LN, Bernstein L, Young, Jr. JL, Swanson GM, West D, Key CR, Liff JM, Glover CS, Alexander GA, et. al. (eds). *Racial/Ethnic Patterns of Cancer in the United States, 1988-1992*, National Cancer Institute. NIH Pub. No. 96-4103. (SEER Program) Bethesda, MD , 1996.

Although colorectal cancer rates among American Indians are low compared to the overall US average, there is strong evidence that the number of colorectal cancer cases has been rising in recent years. Since the 1980s, the incidence of colon and rectum cancers among American Indian men in New Mexico has more than tripled.[63]

Moreover, while overall combined AI/AN colorectal cancer incidence and mortality rates are lower than the all races rate, AI/AN mortality rates are proportionally higher when compared to incidence rates. Among AI/AN men, for example, the overall colorectal cancer incidence rate is 38.3 per 100,000, compared to 63.4 per 100,000 for men of all races. However, the mortality rate among AI/AN men is 17.1 versus 25.3 for men of all races. Therefore, while AI/ANs have an *incidence* rate that is 60% of the all races average, their *mortality* rate is 68% of the all races average. By comparison, Asian American/Pacific Islander men have a colorectal cancer incidence rate of 56.3 (88% of the all races rate), but have a mortality rate of just 15.8 (62% of the all races rate).[64]

American Indians and Alaska Natives are less likely to be diagnosed with colorectal cancer at the earliest, localized stage, and more likely to be diagnosed at the distant stage, compared to whites and Asian Americans. Between 1992 and 2000, over 23% of the colorectal cancers found in AI/ANs were at the distant stage, compared to 19% of those in non-Hispanic whites. Patients diagnosed at the local stage have a five-year relative survival rate of about 90%, those diagnosed at the regional stage have a 67% five-year relative survival rate, and those diagnosed at the distant stage have a 10% five-year relative survival rate. Overall, AI/ANs have a "lower probability of survival and a higher risk of death once diagnosed with colorectal cancer, compared with non-Hispanic whites."[65]

Studies have demonstrated that lifestyle, dietary, and environmental factors play a large role in increasing the risk for colon and rectum cancers. Low levels of exercise, high-fat, low-fiber diets, and low consumption of fruits and vegetables, are all associated with an increased risk of colon and rectum cancers. Surveys of the Alaska Native diet have reported several risk factors, including very low intake of fruit and vegetables, low levels of dietary fiber, and high intake of refined carbohydrates and sugars.[66] Other risk factors for colorectal cancers include a family history of the

[63] Athas, W. Colon and Rectum Cancer. *Cancer in New Mexico: Changing Patterns and Emerging Trends, 1970-1996.* New Mexico Tumor Registry, New Mexico Department of Health, 1997. Retrieved on 9/1/2004 from hsc.unm.edu/epiccpro/cancerstats.html

[64] American Cancer Society, *Colorectal Cancer Facts and Figures, 2005*

[65] American Cancer Society, *Colorectal Cancer Facts and Figures, 2005*

[66] Miller BA, Kolonel LN, Bernstein L, Young, Jr. JL, Swanson GM, West D, Key CR, Liff JM, Glover CS, Alexander GA, et. al. (eds). *Racial/Ethnic Patterns of Cancer in the United States, 1988-1992*, National Cancer Institute. NIH Pub. No. 96-4103. (SEER Program) Bethesda, MD , 1996.

disease, a history of inflammatory bowel disease, high alcohol use (rectum cancers) and tobacco use.[67]

Overall, 91% of new cases and 94% of deaths from colorectal cancers occur in people over age 50. The incidence rate of colorectal cancer is more than 50 times higher in people aged 60-79 than in people under age 40.[68] The CDC recommends that men and women begin regular colorectal cancer screening when they reach age 50. Screening should include one or a combination of four recommended screening tests: fecal occult blood test, sigmoidoscopy, colonoscopy, and/or barium enema. In 2001, only 53.1% of people aged 50 years and older received colorectal cancer testing within the recommended screening periods. [69] The USPSTF "found fair to good evidence that several screening methods are effective in reducing mortality from colorectal cancer."[70]

Screening and preventative measures such as removal of polyps have been well proven to reduce the rates and lethality of colorectal cancer. Colorectal cancers have long asymptomatic periods during which they can be diagnosed and treated. Yearly screening has been shown to result in a 33.4 percent reduction in colorectal cancer mortality.[71]

Screening for colorectal cancer extends life at a cost of $11,890 to $29,725 per year of life saved.[72] Studies reviewed by the USPSTF "indicate that colorectal cancer screening is likely to be cost-effective (less than $30,000 per additional year of life gained) regardless of the strategy chosen.[73] Health economists generally agree that if an intervention can save 1 year of life for less than $50,000, it is cost-effective.[74]

12.4 Measure 11: Alcohol Screening (FAS Prevention)

Heavy drinking during pregnancy can cause significant birth defects, including Fetal Alcohol Syndrome (FAS). Children with FAS have abnormal facial features, growth retardation, and central nervous system problems. They may exhibit learning disabilities, social and behavioral problems, memory and attention span difficulties,

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[67] Athas, W. Colon and Rectum Cancer. *Cancer in New Mexico: Changing Patterns and Emerging Trends, 1970-1996.* New Mexico Tumor Registry, New Mexico Department of Health, 1997. Retrieved on 9/1/2004 from hsc.unm.edu/epiccpro/cancerstats.html

[68] American Cancer Society, *Colorectal Cancer Facts and Figures, 2005*

[69] CDC. Colorectal Cancer: The Importance of Prevention and Early Detection (2004/2005 Fact Sheet) http://www.cdc.gov/cancer/colorctl/about2004.htm

[70] USPSTF *Screening for Colorectal Cancer* 2002. http://www.ahrq.gov/clinic/uspstf/uspscolo.htm

[71] Ederer TR, Church F, Mandel JS. Fecal occult blood screening in the Minnesota study: sensitivity of the screening test. *Journal of the National Cancer Institute*. 1997 Oct 1;89(19):1440-8.

[72] CDC Screening to Prevent Chronic Diseases Fact Sheet http://www.cdc.gov/nccdphp/factsheets/prevention/cancer.htm ;
Pignone M, Saha S, Hoerger T, et al. Cost-effectiveness analyses of colorectal cancer screening: a systematic review for the U.S. Preventive Services Task Force. *Annals of Internal Medicine 2002*;137(2):96–104.

[73] USPSTF *Screening for Colorectal Cancer* 2002. http://www.ahrq.gov/clinic/uspstf/uspscolo.htm

[74] Gold MR, Siegel JE, Russell LB, Weinstein MC. Cost-Effectiveness in Health and Medicine. New York: Oxford University Press, 1996.

and vision and hearing deficiencies. FAS is a permanent condition and is the leading known cause of mental retardation. FAS can be prevented completely, if a woman does not drink alcohol while she is pregnant. [75]

While FAS is the most devastating result of heavy alcohol use during pregnancy, there are other prenatal alcohol-related conditions, including Alcohol-Related Neurodevelopmental Disorder (ARND) and Alcohol-Related Birth Defects (ARBD) that can result from alcohol consumption. ARND manifests itself as central nervous system developmental abnormalities and/ or behavioral or cognitive abnormalities. ARBD defects include those of the heart, kidneys, and vision and hearing defects. These conditions are believed to occur approximately three times as often as FAS.[76]

Rates of FAS are higher among American Indians and Alaska Natives than the general population. FAS cases have been reported at a rate of 9.8 per 1000 live births among southwestern Plains Indians living on reservations.[77] Another study found an AI/AN FAS rate of 5.6 per 1000 in Alaska, and 2.5 per 1000 in Arizona, well above that of any other race or ethnicity in those states. [78] The prevalence of FAS in the general US population ranges from 0.5 to 2 cases per 1000 live births.[79]

Studies have found alcohol consumption rates among AI/AN women of childbearing age to be higher than average. One study of alcohol consumption in Alaska found that the prevalence of heavy drinking among AI/AN women was 32%, compared to 15% of non-AI/AN women. AI/AN women were also found to have less knowledge of the harmful effects of alcohol on developing fetuses than non-AI/AN women.[80]

A study of Northern Plains Indians also identified alcohol consumption during early pregnancy as an increased risk factor for Sudden Infant Death Syndrome (SIDS). The study found a six-fold increased risk of SIDS among mothers who had used any alcohol in the first trimester, and an eight-fold increased risk among mothers who had engaged in binge drinking (five or more drinks at a time) in the first trimester. The rate of SIDS among American Indians is consistently above the US national average (1.5 per 1000 compared to 0.7 per 1000 for whites in 1999.)[81]

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[75] CDC. Fetal Alcohol Information web page. Information retrieved on 8/24/2004 at www.cdc.gov/ ncbddd/fas/fasask.htm

[76] Hankin, JR. Fetal Alcohol Syndrome Prevention Research. *Alcohol research & health : the journal of the National Institute on Alcohol Abuse and Alcoholism*. 2002;26(1):58-65

[77] May PA, Hymbaugh KJ, Aase JM, Samet JM Epidemiology of fetal alcohol syndrome among American Indians of the Southwest. *Social Biology*. 1983 Winter;30(4):374-87.

[78] Fetal alcohol syndrome: Alaska, Arizona, Colorado, and New York, 1995-1997: *MMWR. Morbidity and Mortality Weekly Report*. 2002 May 24;51(20) 433-5.

[79] May PA, and Gossage JP. Estimating the prevalence of Fetal Alcohol Syndrome: A Summary. *Alcohol Research & Health*. 2001;25(3):159-67.

[80] Prevalence and characteristics of alcohol consumption and fetal alcohol syndrome awareness--Alaska, 1991 and 1993. *MMWR. Morbidity and Mortality Weekly Report*. 1994 Jan 14;43(1):3-6.

[81] Iyasu S, Randall LL, Welty TK, Hsia J, Kinney HC, Mandell F, McClain M, Randall B, Habbe D, Wilson H, Willinger M. Risk factors for sudden infant death syndrome among northern plains Indians. *Journal of the American Medical Association* 2002 Dec 4;288(21):2717-23.

The CDC recommends prevention efforts be targeted at both pregnant women who are currently drinking, but also women who could become pregnant, are drinking at high-risk levels, and are engaging in unprotected sex.[82] The US Preventative Services Task Force recommends screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women, in primary care settings. Studies in the general population show that behavioral counseling interventions on alcohol misuse are effective among women of childbearing age.[83]

Screening with intervention has been shown to be effective in reducing alcohol misuse in pregnancy. Studies have shown that brief intervention with counseling significantly reduces the rate of alcohol use during pregnancy among women with a history of heavy drinking.[84]

12.5 Measure 16: Domestic/Intimate Partner Violence Screening

Approximately 4.4 million adult American women are abused by their spouse or partner each year.[85] 30% of women in the United States experience domestic violence at some time in their lives.[86] While men also experience abuse from partners, women are 7 to 14 times more likely to suffer a severe physical injury from an intimate partner than men.[87] Symptoms of domestic violence may appear as injuries or chronic conditions related to stress. Intimate partner violence is usually chronic and repetitive.[88] Women who experience domestic violence are more often victims of nonconsensual sex and have higher rates of smoking, chronic pain syndromes, depression, generalized anxiety, substance abuse, and Post-Traumatic Stress Disorder.[89]

American Indian and Alaska Native women experience domestic violence at rates similar to or higher than the national average. A survey of Navajo women seeking routine care at an IHS facility revealed that 13.5% had experienced physical abuse in the past year, and 41.9% had experienced physical abuse from a male partner at least

[82] CDC. Fetal Alcohol Information web page. www.cdc.gov/ ncbddd/fas/fasask.htm

[83] US Preventative Services Task Force. Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse, April 2004. http://www.ahrq.gov/clinic/uspstf/uspsdrin.htm

[84] Hankin, JR. Fetal Alcohol Syndrome Prevention Research. *Alcohol research & health : the journal of the National Institute on Alcohol Abuse and Alcoholism*. 2002;26(1):58-65

[85] Plichta S. The effects of women abuse on health care utilization and health status: A literature review. *Women's Health Issues*, 2 (3), 154-164.

[86] Wilt S, Olson S. Prevalence of domestic violence in the United States. *Journal of the American Medical Women's Association* 1996; 51(3):77-82.

[87] Muelleman RL, Lenaghan PA, Pakieser RA. Battered women: injury locations and types. *Annals of Emergency Medicine* 1996;28(5):486-92.

[88] Barrier PA. Domestic violence. *Mayo Clinic Proceedings.* 1998 Mar;73(3):271-4.

[89] Ganley A, Warshaw C, eds. *Improving the Health Care Response to Domestic Violence: A resource manual for health care providers.* Family Violence Prevention Fund. 1995.

once in their lives.[90] A study of the San Carlos Apache tribe reservation found that 75% of women reported violence in their current relationship.[91]

Screening for intimate partner violence during pregnancy is especially important, as women may experience the start or escalation of violence during pregnancy.[92] One review study found that an average of 4 to 8% of women had experienced intimate partner violence during pregnancy.[93] In one survey of pregnant women at the Albuquerque Indian Hospital, 16% of women reported experiencing domestic violence within the last year.[94] Abused pregnant women are at higher risk for infections, low birth weight babies, smoking, use of alcohol and drugs, maternal depression and suicide than non-abused pregnant women. Routine screening for violence with appropriate intervention during pregnancy can help prevent more trauma.[95]

12.6 Measure 24: Childhood Immunization

In recent years, vaccination coverage has increased significantly among young children. In the 1990s, government and private sector initiatives helped to remove barriers to routine childhood vaccinations. Childhood deaths from diseases preventable through routine immunization are now very unusual.[96] Routine immunizations represent a cost-effective public health measure that significantly improves the health of children.[97]

Among all US children aged 19-35 months, vaccine coverage has reached an all-time high. National coverage levels are now over 90 percent for each vaccine recommended through age 35 months, except the Varicella and Pneumococcal vaccines, and the fourth dose of DTaP.[98] The Healthy People 2010 goal is 90%

[90] Fairchild D, Fairchild M, Stoner S. Prevalence of adult domestic violence among women seeking routine care in a Native American health care facility. *American Journal of Public Health.* 1998;88:1515-7.
[91] Hamby S, Skupien M. Domestic violence on the San Carlos Apache reservation: Rates, associated psychological symptoms, and current beliefs. *IHS Provider* 1998, August.
[92] Saunders E. Screening for domestic violence during pregnancy *International journal of trauma nursing.* 2000 Apr-Jun;6(2):44-7.
[93] Gazmararian, J.A.; Lazorick, S.; Spitz, A.M.; et al. Prevalance of violence against pregnant women. *Journal of the American Medical Association* 275:1915-1920, 1996.
[94] Lapham SC, Henley E, Kleyboecker K. Prenatal behavioral risk screening by computer among Native Americans. *Family Medicine* 1993;25:197-202.
[95] McFarlane J, Gondolf E.Preventing abuse during pregnancy: a clinical protocol. MCN *American Journal of Maternal Child Nursing* 1998 Jan-Feb;23(1):22-6.
[96] Rodewald LE, Santoli JM. The challenge of vaccinating vulnerable children. *The Journal of Pediatrics*; 2001 Nov;139(5):613-5
[97] For example, see: Lieu TA, Cochi SL, Black SB, Halloran ME, Shinefield HR, Holmes SJ, Wharton M, Washington AE. Cost-effectiveness of a routine varicella vaccination program for US children. *Journal of the American Medical Association;* 1994 Feb 2;271(5):375-81.
[98] National, State, and Urban Area Vaccination Coverage Among Children Aged 19-35 Months—United States, 2003. *MMWR*: *Morbidity and Mortality Weekly Report* 2004;July 30;53(29):658-661. National rates for vaccination not reaching 90% are: Varicella: 84.8%, Pneumoccocal (3 doses): 68.1%, (4 doses): 36.7%, and 4th DTaP: 84.8%.

coverage for each routine immunization for children aged 19-35 months and 80% for the combined series of vaccines.[99]

Yet much work remains to be done. Poorer children are still less likely to have received full vaccination than their wealthier counterparts. In 2003, 83.3% of children aged 19-35 months from households with incomes at or above the poverty line received the 4:3:1:3 series of recommended immunizations, compared with 76.2 percent of children living below the poverty line.[100] One study found, however, that poor children with regular access to a primary care provider achieved vaccination rates similar to wealthier children.[101]

A full series (4:3:1:3:3) of vaccines for ages 19-35 months includes:

- 4 or more doses of DTaP (diphtheria, tetanus, and pertussis vaccine)
- 3 or more doses of IPV (poliovirus vaccine)
- 1 or more doses of MCV (measles-containing vaccine such as the MMR)
- 3 or more doses of the Hib vaccine (Haemophilus influenzae type b)
- 3 or more doses of HepB (hepatitis B vaccine)

12.7 Measure 31: Childhood Weight Control

An epidemic of obesity has spread across the American Indian and Alaska Native populations. Among Pima Indians, estimates of the prevalence of overweight range from 61% to 78% for men, and 81% to 87% for women.[102] The Navajo Health and Nutrition Survey found that one third of Navajo men aged 20-39 and one half of men aged 40-59 were overweight. Two-thirds or more of Navajo women in all age groups were overweight. These averages represent a vast increase over the relatively low rates of overweight found among the Navajo a half-century ago.[103]

Rates of overweight and obesity among American Indian and Alaska Native children also exceed the national averages. In the US, 15% of children between ages 6 and 19 are overweight and about 10% of children between ages 2 and 5 are overweight.[104] Studies have found that the percentage of AI children with a BMI (Body Mass Index:

[99] CDC, Healthy People 2010

[100] National Immunization Survey 2003 tables. http://www.cdc.gov/nip/coverage/NIS/03/toc-03.htm The 4:3:1:3 series includes four or more doses of diphtheria, tetanus, and pertussis vaccine (DTaP), three or more doses of poliovirus vaccine (IPV), one or more doses of measles-containing vaccine such as MMR, and three or more doses of Hib vaccine.

[101] Vivier PM, Alario AJ, Peter G, Leddy T, Simon P, Mor V. An analysis of the immunization status of preschool children enrolled in a statewide Medicaid managed care program. *Journal of Pediatrics* 2001;139:630-5.

[102] Story M, Evans M, Fabsitz RR, Clay TE, Holy Rock B, Broussard B. The epidemic of obesity in American Indian communities and the need for childhood obesity-prevention programs. *American Journal of Clinical Nutrition*. 1999 Apr;69(4 Suppl):747S-754S.

[103] White LL, Ballew C, Gilbert TJ, Mendlein JM, Mokdad AH, Strauss KF. Weight, body image, and weight control practices of Navajo Indians: findings from the Navajo Health and Nutrition Survey. *Journal of Nutrition*. 1997 Oct;127(10 Suppl):2094S-2098S.

[104] Ogden CL, Flegal KM, Carroll MD, Johnson CL Prevalence and trends in overweight among US children and adolescents, 1999-2000. *Journal of the American Medical Association*. 2002 Oct 9;288(14):1728-32.

a measure of a person's weight in relationship to their height) above the 85th percentile is consistently higher than that of children of other races. The overall prevalence of overweight for AI children ages 6 to 19 has been estimated at 39% (versus 15% for all races combined). The next closest rate is found among Mexican American children (29%).[105] A study of schoolchildren in seven American Indian communities found that the percentage of AI children ages 6-11 with a BMI above the 95th percentile was higher than the national average (28.6% of AI children versus 11% overall).[106] Among American Indian children ages 2 to 5, overweight/obesity rates have been reported at 12 to 39 percent.[107] Preliminary data from CRS for 2006 suggest that about 25% of children in the IHS active user population have a BMI at or above the 95th percentile.

Obesity in childhood has been linked to increased risk for type 2 diabetes and cardio-vascular disease. Obesity in childhood often persists into adulthood and is associated with significant health risks, including high blood pressure, high cholesterol, asthma, arthritis, coronary heart disease, stroke, colon cancer, post-menopausal breast cancer, endometrial cancer, gall bladder disease, and sleep apnea.

12.8 Measure 32: Tobacco Cessation Intervention

Smoking cigarettes causes chronic lung and heart disease, and cancers of the lung, esophagus, larynx, mouth, and bladder. Cigarette smoking also contributes to cancers of the pancreas, kidney, and cervix.[108] Smokeless tobacco can lead to cancers of the gum and mouth, and contributes to periodontitis, and tooth loss.[109] Tobacco use causes more than 440,000 deaths every year among adults in the United States and costs $157 billion in annual health-related economic losses.[110] Studies have also demonstrated that women who use tobacco during pregnancy are more likely to have spontaneous miscarriages. Smoking during pregnancy has also been linked to Sudden Infant Death Syndrome (SIDS) and low birth weight. Low birth weight is a leading cause of death among infants.[111]

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[105] Story M, Evans M, Fabsitz RR, Clay TE, Holy Rock B, Broussard B. The epidemic of obesity in American Indian communities and the need for childhood obesity-prevention programs. *American Journal of Clinical Nutrition*. 1999 Apr;69(4 Suppl):747S-754S.

[106] Caballero B, Himes JH, Lohman T, Davis SM, Stevens J, Evans M, Going S, Pablo J; Pathways Study Research Group. Body composition and overweight prevalence in 1704 schoolchildren from 7 American Indian communities. *The American journal of clinical nutrition.* 2003 Aug;78(2):308-12.

[107] Indian Health Service. *IHS Report to Congress: Obesity Prevention and Control for American Indians and Alaska Natives* April 2001; 9.

[108] *The Health Benefits of Smoking Cessation. A Report of the Surgeon General*. HHS Pub. No. (CDC) 90-8416. Atlanta,GA:1990.

[109] *The Health Consequences of Using Smokeless Tobacco. A Report of the Advisory Committee to the Surgeon General*. NIH Pub. No. 86-2874. Bethesda, MD: 1986.

[110] Annual Smoking-Attributable Mortality, Years of Potential Life lost, and economic costs—United States, 1995-1999. *MMWR: Morbidity and Mortality Weekly Report*. 2002 Apr 12;51(14):300-3.

[111] DiFranza, J.R., and Lew, R.A. Effect of maternal cigarette smoking on pregnancy complications and sudden infant death syndrome. *Journal of Family Practice* 1995;40(4):385-394.

Nonsmokers are also adversely affected by environmental tobacco smoke. Each year, because of exposure to environmental tobacco smoke, an estimated 3,000 nonsmoking Americans die of lung cancer, and 300,000 children suffer from lower respiratory tract infections. Exposure to secondhand smoke is associated with an increased risk for SIDS, asthma, bronchitis, and pneumonia in young children.[112] If current tobacco use rates continue, an estimated 5 million to 6.4 million children alive today will die prematurely from a smoking-related disease.[113,114]

Lung cancer is the leading cause of cancer death among American Indians and Alaska Natives. The rate of death from cancers of the lung, trachea, and bronchus among American Indian and Alaska Native men is 33.5 per 100,000. Among AI/AN women, the rate is 18.4 per 100,000. Cardiovascular disease is the leading cause of death among American Indians and Alaska Natives, and tobacco use is an important risk factor for this disease.[115]

Data from the 1997 National Health Interview Survey show that 34.1% of American Indians and Alaska Natives reported that they smoked; this rate was higher than any other group. In 1997, 37.9% of American Indian and Alaska Native men smoked, compared with 27.4% of white men. The smoking rate among American Indian and Alaska Native women was 31.3% compared with 23.3% among white women.[116]

American Indians and Alaska Natives have the highest rates of smokeless tobacco use among Americans. Among men, American Indians/Alaskan Natives and whites had the highest rates, and among women, American Indians/Alaskan Natives and blacks had the highest rates.[117] Among AI/AN men and women, the rate of use of chewing tobacco or snuff was 4.5%. Among American Indian men, the highest rates of smokeless tobacco use are found in the northern plains (24.6%), and the lowest in the Pacific Northwest (1.8%). Pipe and cigar smoking is also more common among AI/AN men than in other populations.[118]

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[112] U.S. Environmental Protection Agency (EPA). *Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders*. EPA Pub. No. EPA/600/6-90/006F. Washington, DC: EPA, 1992.

[113] Smoking-attributable mortality and years of potential life lost--United States, 1984. *Morbidity & Mortality Weekly Report* 1997; May 23;46(20):444-51.

[114] Projected smoking-related deaths among youth—United States. *MMWR*: *Morbidity and Mortality Weekly Report* 1996;Nov 8;45(44):971-4.

[115] U.S. Department of Health and Human Services. *Tobacco Use Among U.S. Racial/Ethnic Minority Groups — African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1998.

[116] Cigarette smoking among adults–United States, 1997. *MMWR: Morbidity and Mortality Weekly Report*. 1999 Nov 5;48(43):993-6.

[117] Use of Smokeless Tobacco Among Adults -- United States, 1991 *MMWR: Morbidity and Mortality Weekly Report*. 1993 Apr 16;42(14):263-6.

[118] *Tobacco Use Among U.S. Racial/Ethnic Minority Groups —African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1998.

American Indian women have the highest rate of smoking during pregnancy (19.9%) of all race and ethnic groups. American Indian women also reported the smallest decline (11%) in maternal smoking rates between 1990 and 2001. By contrast, in the same period, maternal smoking rates declined over 26% among non-Hispanic whites, 43% among non-Hispanic blacks, and 49% among Asians.[119]

Tobacco users who quit enjoy longer and healthier lives, on average, than those who do not. Even a long-time smoker can significantly reduce their risk of heart disease and other complications by quitting. Advice from a health care provider and group and individual cessation counseling can help smokers quit. Smoking cessation treatments, including nicotine replacement therapy and bupropion SR (e.g. Wellbutrin) have been found to be safe and effective.[120] Documenting tobacco use on a patient's medical record and offering cessation assistance are important components of comprehensive health care. Moreover, tobacco cessation programs are more cost-effective than other common prevention interventions. Cost analyses have shown tobacco cessation programs to be either cost-saving or cost-neutral.[121]

12.9 Measure 33: Prenatal HIV Testing

The HIV/AIDS epidemic represents a growing threat to American women of childbearing age. In 1992, women made up 14% of adults and adolescents living with AIDS; by the end of 2003, they made up 22%. In 2001, HIV infection was the 6th leading cause of death among women aged 25-34 years, and the 4th leading cause of death among women aged 35-44.[122] Although the rate of HIV infection has stabilized among adult women since 2000, women accounted for 27% of all new HIV and AIDS diagnoses among adults and adolescents in 2003. From 1999 through 2003, the estimated number of AIDS cases increased 15% among women and 1% among men.[123]

HIV infections in newborn children are one potential consequence of higher HIV infection rates among women of childbearing age. According to the Agency for Healthcare Research and Quality, of approximately 4.7 million women who were hospitalized for pregnancy or childbirth in 2002, nearly 6,300 were infected with HIV.[124] In 2003, the CDC reported that 92% of HIV and AIDS cases in children and

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[119] American Lung Association. *Trends in Tobacco Use* American Lung Association Epidemiology and Statistics Unit, Research and Scientific Affairs. June 2003.

[120] Fiore MC, Bailey WC, Cohen SJ, et al. *Treating Tobacco Use and Dependence: Clinical Practice Guideline.* Rockville, MD: U.S. Department of Health and Human Services, Public Health Service; 2000.

[121] Warner KE, Smith RJ, Smith DG, Fries BE. Health and economic implications of a work-site smoking-cessation program: a simulation analysis. *Journal of Occupational and Environmental Medicine* 1996;38(10):981–92. Harris JR, Schauffler HH, Milstein A, Powers P, Hopkins DP. Expanding health insurance coverage for smoking cessation treatments: experience of the Pacific Business Group on Health.

[122] CDC Fact Sheet: *HIV/AIDS Among Women.* (2004) http://www.cdc.gov/hiv/pubs/facts/women.pdf

[123] CDC. *HIV/AIDS Surveillance Report*, 2003 (Vol. 15). Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2004 http://www.cdc.gov/hiv/stats/hasrlink.htm

[124] Agency for Healthcare Research and Quality "HIV Screening Recommended for All Pregnant Women" July 2005.

virtually all new HIV infections in children in the United States were the result of perinatal transmission of HIV.[125] In the year 2000, the CDC estimated that 280-370 infants contracted HIV from their mothers in the United States.[126] The CDC estimates that over 8,700 children have contracted HIV through perinatal transmission cumulatively through the year 2003.[127]

In 1994, Zidovudine (ZDV) was found to reduce perinatal transmission of HIV infection, and the US Public Health Service published guidelines regarding the use of ZDV and routine testing and counseling of HIV positive pregnant women. These guidelines have been effective in reducing rates of HIV in newborns. Studies have shown transmission rates of less than 2% among HIV infected mothers who started antiretroviral treatment during pregnancy; those who did not begin treatment until labor or after birth had transmission rates of 12-13%.[128] By contrast, studies have shown that infants whose mothers receive no preventative treatment contract HIV at a rate of 25%.[129] The CDC believes routine prenatal HIV testing of all pregnant women is the best way to avoid transmission of HIV from mother to infant.[130]

Although ZDV can reduce perinatal transmission below 2%, HIV testing of all pregnant women is critical in identifying women who will need treatment during pregnancy. In 2000, 1 in 8 HIV-infected women did not receive prenatal care, and 1 in 9 was not tested for HIV before birth.[131] Since 1995, the CDC has recommended that all pregnant women be tested for HIV, and if found to be infected, offered treatment. In 2001 it updated its recommendations to "emphasize HIV testing as a routine part of prenatal care and strengthen the recommendation that all pregnant women be tested for HIV; recommend simplifying the testing process so that pretest counseling is not a barrier to testing; [and] increase the flexibility of the consent process to allow for various types of informed consent."[132]

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125 CDC. *HIV/AIDS Surveillance Report,* 2003 (Vol. 15). Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2004 http://www.cdc.gov/hiv/stats/hasrlink.htm

126 CDC. Revised Recommendations for HIV Screening of Pregnant Women: Perinatal Counseling and Guidelines Consultation MMWR Recommendations and Reports 11/9/01;50(RR19);59-86. http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5019a2.htm

127 CDC. *HIV/AIDS Surveillance Report,* 2003 (Vol. 15). Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2004 http://www.cdc.gov/hiv/stats/hasrlink.htm

128 CDC. HIV Testing Among Pregnant Women—United States and Canada, 1998-2001 *MMWR: Morbidity and Mortality Weekly Report*. 2002. November 15/51(45);1013-1016.

129 Connor EM, Sperling RS, Gelber R, et al. Reduction of maternal-infant transmission of human immunodeficiency virus type 1 with zidovudine treatment. *New England Journal of Medicine.* 1994;331:1173-80.

130 CDC. US Public Health Service recommendations for human-immunodeficiency virus counseling and voluntary testing for pregnant women. *MMWR Recommendations and Reports*. 1995 Jul 7;44(RR-7):1-15.

131 CDC. Enhanced Perinatal Surveillance—United States, 1999–2001. Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2004. Special Surveillance Report 4. http://www.cdc.gov/hiv/STATS/SpecialReport10-7.pdf

132 CDC. Revised Recommendations for HIV Screening of Pregnant Women: Perinatal Counseling and Guidelines Consultation MMWR Recommendations and Reports 11/9/01;50(RR19);59-86. http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5019a2.htm

In 2002, the CDC published information on HIV testing rates in the US and Canada. Specifically, it compared two types of testing approaches, "opt-in" testing, where pregnant women must agree to getting an HIV test, usually in writing, and "opt-out" testing, where pregnant women are told that an HIV test will be included in the standard group of prenatal tests and that they may decline the test. Unless they decline, they receive an HIV test.

In eight states using the opt-in approach in 1998-1999, testing rates ranged from 25% to 69%. However, in Tennessee, which used an opt-out approach, the testing rate was 85%. The CDC concluded from this study, and other information on prenatal HIV testing, that more women are tested with the opt-out approach, and that the opt-out approach can increase the number of HIV-infected women who are offered treatment, and reduce HIV transmission to infants during birth.[133]

In 2005, the U.S. Preventive Services Task Force recommended that all pregnant women, not just those identified as at risk for contracting HIV, be screened for the infection. This recommendation was based on evidence that currently available tests accurately identify pregnant women who are HIV infected and that recommended treatment strategies can dramatically reduce the chances that an infected mother will transmit HIV to her infant.[134]

[133] CDC Fact Sheet: Reducing HIV Transmission from Mother to Child: An Opt-Out Approach to HIV Screening. 2004. http://www.cdc.gov/hiv/projects/perinatal/materials/OptOut.pdf

[134] AHRQ US Preventative Services Task Force. Screening for Human Immunodeficiency Virus Infection. July 2005. http://www.ahrq.gov/clinic/uspstf/uspshivi.htm

13.0 Appendix E: Height and Weight Data File Letter

DEPARTMENT OF HEALTH & HUMAN SERVICES

Indian Health Service
Division of Epidemiology and
Disease Prevention
5300 Homestead Road, NE
Albuquerque, NM 87110

May 2, 2006

To: Area Director
Chief Medical Officer
Clinical Director
GPRA Coordinator
Indian Health Service

From: Chief of Chronic Disease
Medical Epidemiologist
GPRA Field Lead
Indian Health Service

Subject: AI/AN Pediatric Height-Weight Surveillance System

This letter contains important information regarding the American Indian and Alaska Native (AI/AN) Pediatric Height-Weight Surveillance System, a new public health surveillance activity that will help address the problem of obesity among American Indian and Alaska Native children. This letter describes the new activity and its primary data source: height and weight data collected through the Clinical Reporting System (CRS). Because this information is being collected at the site level, we want you to be fully informed about the parameters of this activity, and to understand how this information will be used.

As you know, the prevalence of obesity in American Indian and Alaska Native (AI/AN) populations has increased dramatically over the past 30 years. Among American Indian preschool and school-age children, obesity rates are up to three times higher than those of other US populations. An estimated 40 percent of AI children are overweight. Obesity is a risk factor for diabetes, which now affects over one quarter of the adult AI population, as well as cardiovascular disease, and some cancers. IHS is committed to reducing childhood obesity through SDPI-funded projects, nutrition education and other community and clinical interventions, and partnerships with Tribes.

Obesity is very difficult to treat. Comprehensive obesity prevention programs beginning early in childhood are necessary if the epidemics of obesity and diabetes among AI/AN populations are to be reversed. Evidence-based school and community interventions that are culturally oriented and family centered are needed to encourage lifelong healthy eating and regular physical activity. However, we do not have a consistent source of accurate data on obesity rates among AI/AN populations, and consequently we cannot track or evaluate efforts to prevent and treat obesity in AI/AN communities.
In 2001, IHS reported to Congress on the problem of obesity within the AI/AN community, along with suggestions on how to address the problem. We were greatly

hampered in writing this report by the lack of current data. One major recommendation of this report was to "Support clinical behavioral research and evaluation of public health approaches conducted in partnership with tribes by NIH, CDC, and IHS to prevent and treat obesity in AI/AN populations."* We anticipate being asked to do a follow-up report, and will need better baseline and trend information.

Even prior to this report, IHS began tracking Body Mass Index (BMI) measurement for GPRA reporting in FY 2000. From 2000-2005 this GPRA measure tracked the proportion of active users, ages 2-74, who had height and weight measured and BMI calculated. As of FY 2006, this GPRA measure has begun to focus specifically on reducing obesity among 2-5 year old children, by tracking the rate of children with a BMI above the 95th percentile. While summarized Area reports can provide a useful overview, GPRA data is not detailed enough for purposes of this surveillance activity. For example, the more complete data file would allow tracking of BMI by one-year groups, or comparing trends among children at age 2 with those in the 2-5 year old age group. Different clinical approaches may be required depending upon which of these groups is experiencing an increase in BMI. It will also be possible to calculate other measures such as weight-for-height, which are not programmed into the GPRA report.

The American Indian and Alaska Native (AI/AN) Pediatric Height-Weight Surveillance System is part of the effort to combat childhood obesity. The purpose of this activity is to collect information on the current height and weight status of AI/AN children and use the information to:

- establish a national baseline prevalence of childhood overweight and underweight by defined geographic regions;
- increase awareness of the high prevalence of childhood overweight;
- track changes over time, using consistent measures;
- target resources for healthy growth and development for prevention of diabetes and other chronic diseases; and
- justify additional resources for early intervention in local, regional, and national IHS/Tribal/Urban Indian health programs and communities to decrease the health disparities in AI/AN.

The IHS Division of Epidemiology has worked with the CRS technology staff to develop a method for obtaining the data necessary from reporting GPRA sites. For CRS Version 6.0 (the current released version of the software), when a facility runs the National GPRA report and exports its data to its Area Office, a file is created for children ages 0-18 from 1999-2006, containing the following data elements:

1. Site Name
2. ASUFAC

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* Indian Health Service. *IHS Report to Congress: Obesity Prevention and Control for American Indians and Alaska Natives*. April 2001

3. Unique Registration ID (from Registration)
4. Date of Birth in MM/DD/CCYY format (from Registration)
5. Ethnicity (from Registration)
6. Gender (from Registration)
7. State of Residence (from Registration)
8. Unique Visit ID (Visit file)
9. Visit/Admit Date&Time (Visit file)
10. Height (converted from inches to centimeters)
11. Weight (converted from pounds to kilograms)

Note both a height and a weight must be recorded for each visit. If only a height or a weight was recorded, it will not be sent in this file.

This file is created automatically, although it does not display during the run. The data for this file is included in the National GPRA file (i.e. files beginning with "BG06") that goes to the Area for aggregation. The Area Office may then run an option to combine all of the facilities' height and weight data into a single data file to be sent to Elaine Brinn at the CAO. The files will then be collected and forwarded to Drs. Marty Kileen and Nat Cobb at the Division of Epidemiology. No unduplication of data occurs during the aggregation process, and the files are not sent automatically to Epidemiology. A site may obtain a data file relating to its population from the Area coordinator.

In CRS Version 6.1, to be released in late June 2006, two changes are going to occur:

1. The content of this file is going to be expanded to include height and weight data for ALL Active Clinical patients, regardless of age. For children ages 0-18, both a height and weight must be recorded on a visit; for all other ages, either a height and/or a weight must be recorded on each visit. The purpose of this change is to allow us to do analyses and trending for adults similar to those described for children.

2. Functionality is going to be added to prompt the user when s/he chooses to export the National GPRA report data to the Area Office if s/he would to create the Height and Weight file locally on their server as a delimited text file. If the user chooses to create the file, it may be opened in an application such as SAS, MS Access or MS Excel. Note that Excel imposes a maximum of 65,535 records per file and if the file contains more than that number of records, the file will be truncated and there will be no way to retrieve the remaining records. Thus, it is recommended that SAS or Access be used to open these files. It is also strongly cautioned that, unless this data is going to be actively used and reviewed, this file should not be created each time the National GPRA report data is exported to the Area Office because the file can be very large, depending on the number of patients in the facility's database.

In order for this data to be complete, statistically meaningful, and comparable to other data sources, it needs to be collected at a local level. Additionally, the site-specific data

will allow an individual Service Unit or Tribal program to develop interventions or approaches to weight control that take into account specific factors unique to a population. Local-level data also allows us to compare with data from other sources, for internal validation purposes. For example, height and weight data has been collected at several sites for children in schools and Head Start facilities by the Tribal Epicenters. By comparing this data with that collected through CRS, we can find out how well the BMIs currently measured in our clinics represent the BMIs of the entire population of children. It is possible, for instance, that heavier children are more likely to be weighed and measured in our clinics, skewing our statistics.

There are three points we want to emphasize about this surveillance system and the data file. First, **this file does not collect any site-specific performance-related data**. It is a file designed to capture height and weight data for the purposes of statistical data collection only. **No** performance-related measure information is captured and no GPRA measure information is collected, including the proportion of patients who have a BMI calculated at a specific site.

Second, **no site-specific statistical data will be published.** Our intent is to use this statistical data to create age-specific trend data (summarized at the area or state level) to help guide decision making about the childhood weight GPRA measure and associated interventions. We will also use this data to compare with population-based estimates generated from other data collection. Weight and height data will be collected in future years as well.

Third, as is true of any of our patient information, **collection and storage of data will be governed by applicable HIPAA regulations**, and any proposal or request to perform research using this database will be subject to the standard process of IRB review and approval.

We hope that you will appreciate the value of such information, both to the overall effort to combat obesity, and as a potential resource for your site. However, if you have objections to including data from your site in this surveillance system, or would like further information, please contact your Area GPRA coordinator.

Nathaniel Cobb, MD
Chief of Chronic Disease Section
IHS Division of Epidemiology &
Disease Prevention

Martin Kileen, MD, MPH
Medical Epidemiologist
IHS Division of Epidemiology &
Disease Prevention

Theresa Cullen, MD
GPRA Field Lead

14.0 Appendix F: Using the CRS GUI

An optional graphical user interface (GUI) is available for the CRS software, in addition to the existing character-based user interface (CHUI), also known as the "roll and scroll" version. The GUI contains all of the same basic functionality as the CHUI version, including setting up site parameters and taxonomies, running reports and patient lists at the facility level, and running reports at the Area level.

In order to avoid redundancy, this section only includes the steps for using the CRS GUI and does not include background information such as report content and performance measure logic, which is included in prior sections of the User Manual.

14.1 Opening the CRS GUI

1. After the CRS GUI software has been installed, an icon will be placed on your Windows desktop that is labeled "Visual CRS." Double-click that icon to open the CRS GUI.

2. At the RPMS Server Address window, type (1) the IP address and (2) the port number of the machine you are connecting to. **NOTE: You will only have to enter this information once if you always connect to the same machine.**

3. Click OK.

4. At the RPMS Login window, type your (1) RPMS Access Code and (2) Verify Code. **NOTE: If the port has integrated security turned on, this message will not be displayed since integrated security ties your windows login to your RPMS Access and Verify Code, thus eliminating the need to login twice.**

5. Click OK.

6. After a few moments, the Select Division window is displayed. Select a Division and click OK. **NOTE: This window will only be displayed if data for multiple facilities is stored on the same RPMS database.**

7. The Select CRS Product window is displayed. You may choose to run either CRS 2006-Version 6.1 or CRS 2005. Select CRS 2006-Version 6.1 from the drop-down list.

8. The Visual CRS window is displayed, as shown in Figure 14-1 below.

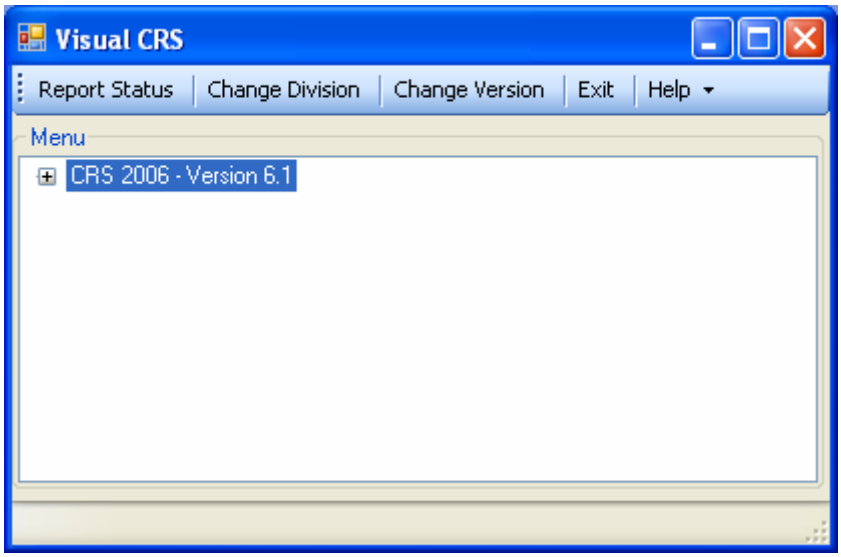


Figure 14-1: Visual CRS Window

There are five toolbar options and one menu option of CRS 2006-Version 6.1. The five toolbar options are described below.

- **Report Status** – Displays a list of reports that are currently running and those that have completed. You may click a report to have it automatically opened in Word or Excel, depending on the output option selected when the report was run. For additional information on Report Status, see section 14.5.

- **Change Division** – Allows you to change to a different facility on the RPMS database, in the event data for multiple facilities is stored on the same RPMS database.

- **Change Version** – Allows you to change to a different version of the CRS software. For example, if you are currently running CRS 2006-Version 6.1, you can change to CRS 2005.

- **Exit System** – Exits the Visual CRS application. You may also exit by clicking the red "X" in the top right corner of the window.

- **Help** – Provides online help for the Visual CRS application. Within the Help tab, there are five help options: Main Menu, Reports, Setup, Area Options, and About. The first four options provide specific information for running the CRS GUI application and the About option shows the version and build number of the Visual CRS application.

9. Click the + at the left of the CRS 2006-Version 6.1 folder to open the CRS 2006-Version 6.1 menu, as shown in Figure 14-2 below.

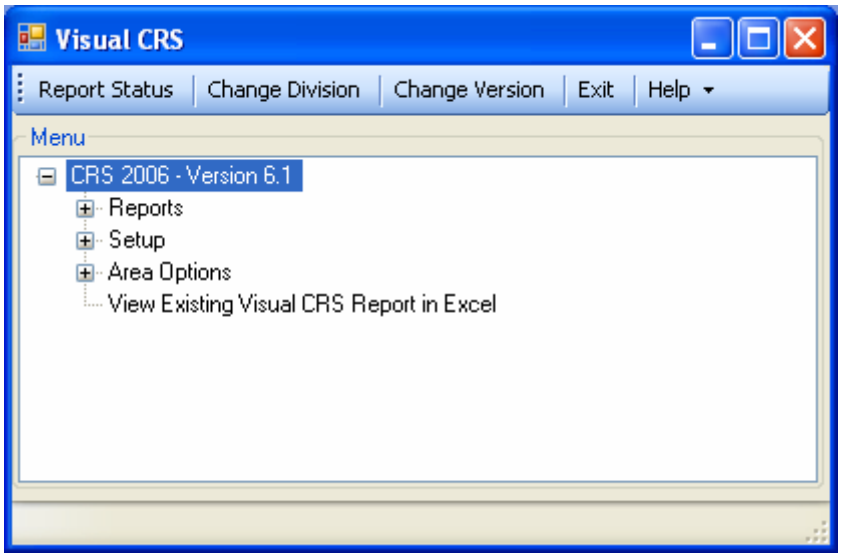


Figure 14-2: CRS 2006 Menu

There are four menu options, as described below.

- **Reports** – Run National GPRA, local, other national (e.g. HEDIS), and taxonomy reports and patient lists.
- **Setup** – Run taxonomy checks, view and set up site-populated taxonomies, set up site parameters (i.e. define facility location, default Community taxonomy, and Home location; choose whether or not to set parameter for CHS-only facilities; and for Alaska facilities only, choose whether or not to set site parameter for MFI facilities).
- **Area Options** – **NOTE: This option is only displayed for users with the BGPZAREA security key.** Upload and run Area aggregate reports and the Area Height and Weight Data File from individual sites, list all CRS 2006 files in a specified directory).
- **View Existing Visual CRS Report in Excel** – View a report created in Visual CRS 2006 in Excel. Users may open either text or Excel report files in Excel.

14.2 Getting Started: System Setup

1. From the Visual CRS window (Figure 14-1), click the + at the left of the CRS 2006-Version 6.1 folder to open the CRS 2006-Version 6.1 menu.

2. Click the + at the left of the Setup folder to open the Setup menu, as shown in Figure 14-3. There are three menu options (i.e. Taxonomy Check, Taxonomy Setup, and Site Parameters), which are described in the sections that follow.

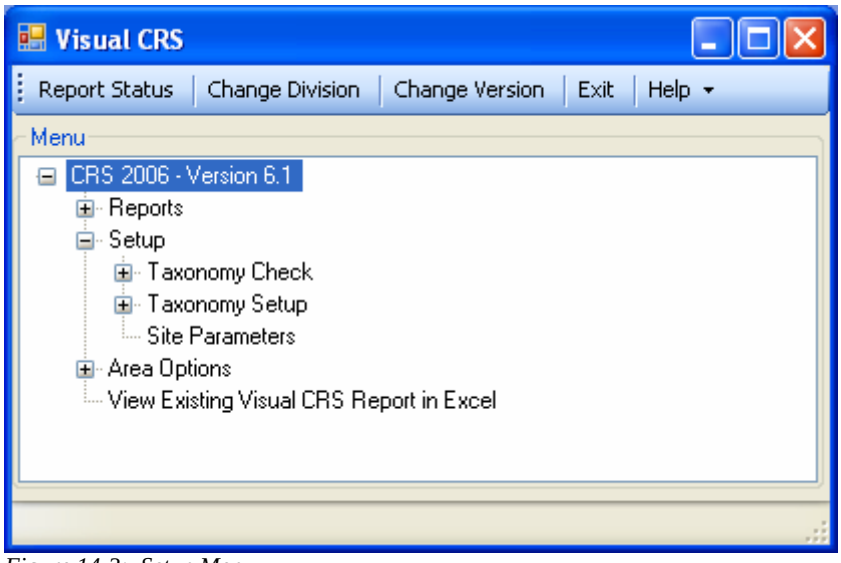


Figure 14-3: Setup Menu

14.2.1 Site Parameters

Refer to section 4.2 for background information on site parameters.

1. From the Setup Menu (Figure 14-3), click the Site Parameters option.

2. The CRS Site Parameters window is displayed, as shown in Figure 14-4 below.

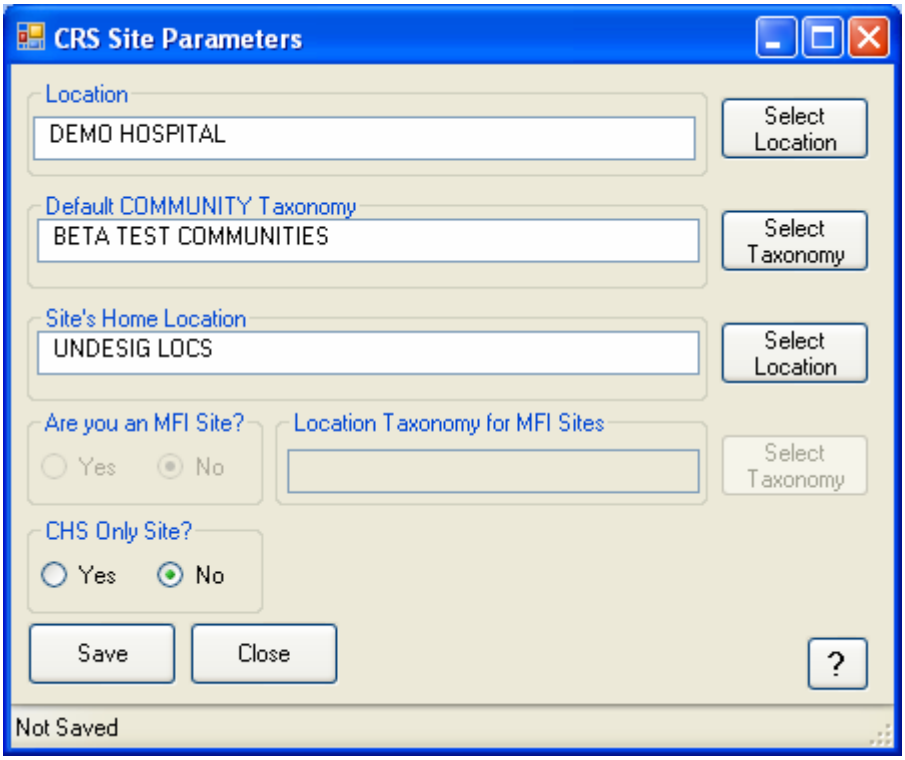


Figure 14-4: CRS Site Parameters Window

3. Click Select Location to select the location of the facility that will be running CRS.

4. The Locations window is displayed. Due to the size of the Locations file, no locations are displayed. To search for a location, type either the first few characters or the full facility name in the Begin String box. The default is to display the first 100 records that begin with the search string you entered. However, you may change the number of records that are displayed by clicking the down arrow in the list box and selecting one of the values. Then click Search to display the list of locations. In Figure 14-5 shown below, a search string of "DE" was entered, and 10 locations were found. If more locations were found that could fit on a single window, you could view the remainder of the locations by clicking the More button, which is only enabled if there are more locations to view than are displayed.

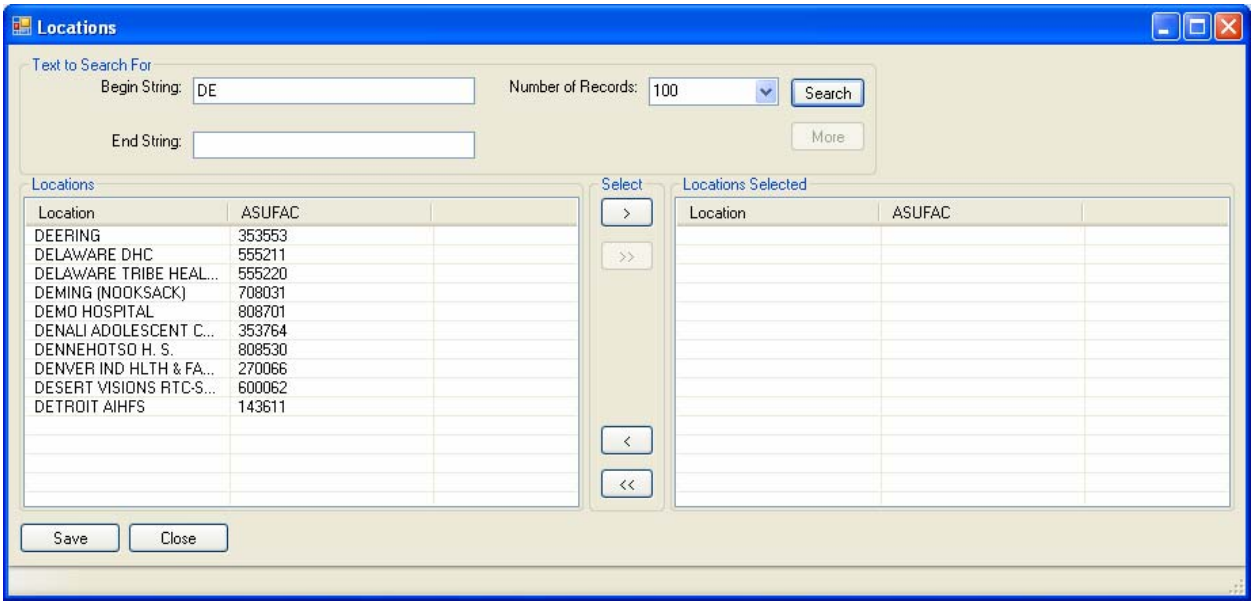


Figure 14-5: Locations Window

5. Select a location by clicking the name of the Location in the left frame of the window. You will know it is selected because it will be highlighted in blue.

6. Click the > arrow under the Select group to finish the selection. The location you selected will now be listed in the Locations Selected group, as shown in Figure 14-6 below.

   If you want to remove the selected location, click the location in the right frame, then click the < button.

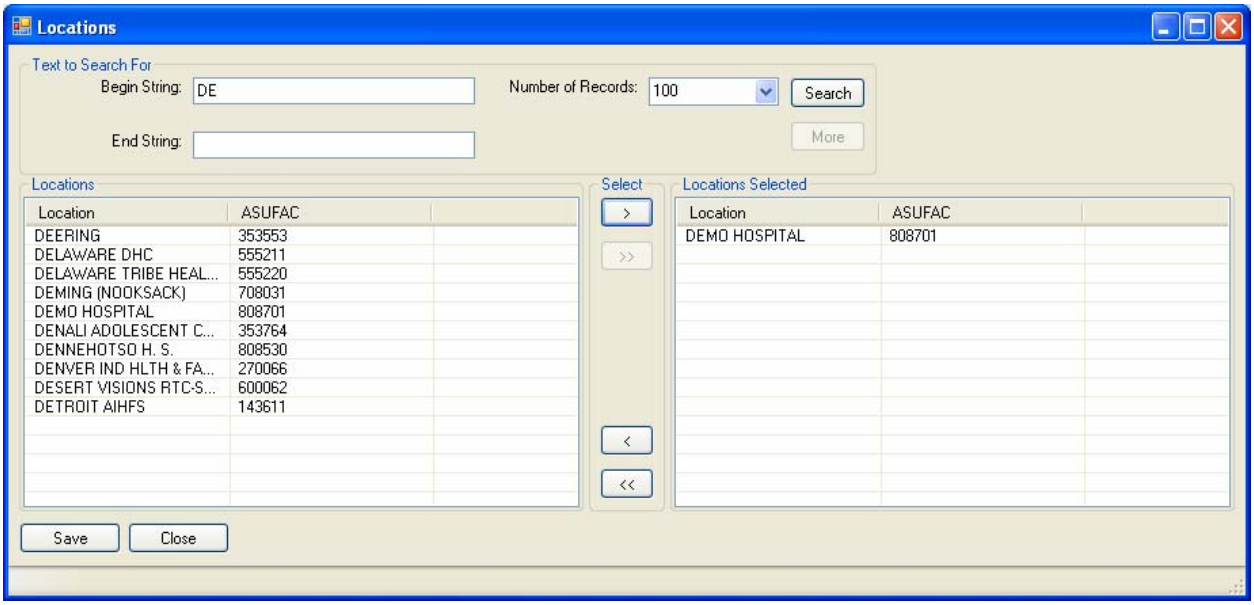


Figure 14-6: Locations Window, Selecting a Location

7. Click Save to save the selected location. To close the window without saving the location, click Close.

8. From the CRS Site Parameters window (Figure 14-4), click the Select Taxonomy button to select the default community taxonomy for the CRS reports. Refer to section 4.1 for information on creating a community taxonomy for use in CRS.

9. The Taxonomies window is displayed and a list of the community taxonomies is displayed in the left frame. Select a community taxonomy as described in steps 5-7 above.

10. From the CRS Site Parameters window (Figure 14-4), click the Select Location button to select the site's home location that is used for reporting of Public Health Nursing home visits.

11. Select the home location for your facility by following steps 4-7 above.

12. The Are you an MFI Site? radio button and Select Taxonomy [Location Taxonomy for MFI sites] button will only be enabled for facilities within the Alaska Area and no action is required for non-Alaska facilities.

13. From the CRS Site Parameters window (Figure 14-4), ONLY click the Yes radio button IF your facility offers ONLY Contract Health Services to its patients (i.e. it does not provide any direct care services). See section 4.2 for more information on this site parameter.

14. Click the Save button to save your site parameters.

15. Click the Close button to close the CRS Site Parameters window.

14.2.2 Taxonomy Check and Setup

Refer to section 4.3 for background information on taxonomies.

14.2.2.1 Taxonomy Check

1. From the Setup Menu (Figure 14-3), click the + at the left of the Taxonomy Check folder to display the taxonomy check options, as shown in Figure 14-7.

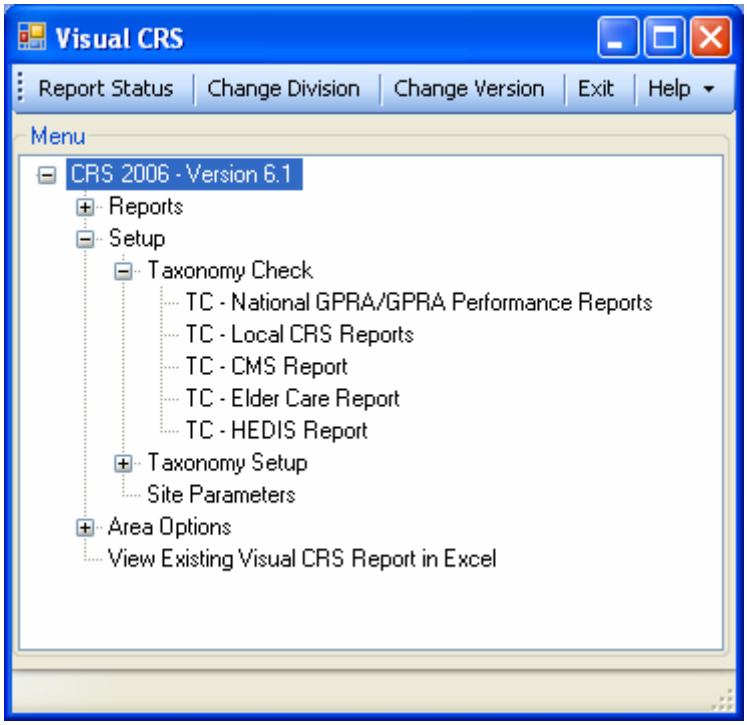


Figure 14-7: Taxonomy Check Options

2. Click the desired taxonomy check option to run. See section 4.3.3 for information on the taxonomy check options.

3. The software checks the taxonomies. If your taxonomies for the report have all been setup and populated, a message stating all taxonomies are present is displayed. If they have not all been setup and populated, then a message stating one or more taxonomies are missing or have no entries will be displayed. See section 14.2.2.2 below to setup the missing taxonomies before running the report. Once you have setup the taxonomies, re-run the taxonomy check for the report. In either case, click OK to close the window.

14.2.2.2 Taxonomy Setup

1. From the Setup Menu (Figure 14-3), click the + at the left of the Taxonomy Setup folder to display the taxonomy setup options, as shown in Figure 14-8.

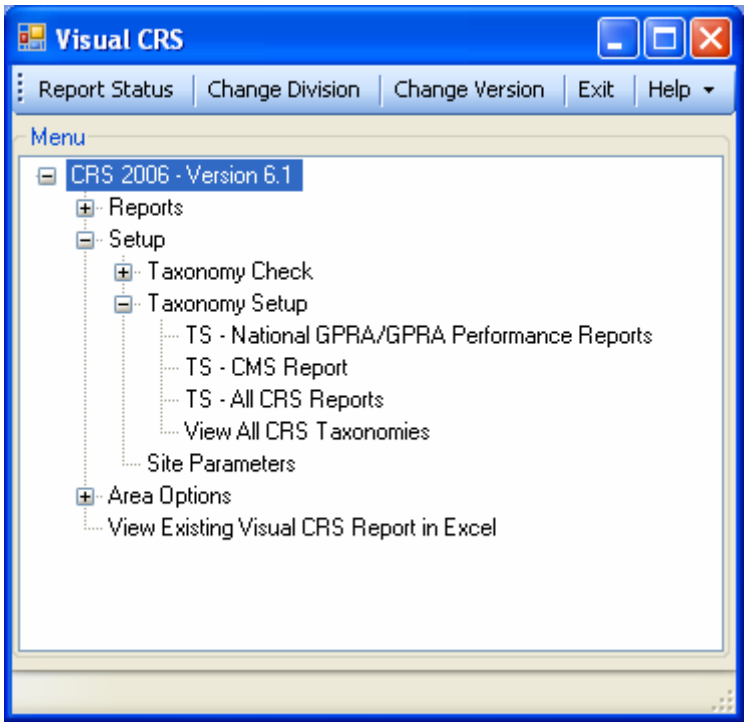


Figure 14-8: Taxonomy Setup Options

2. Click the desired taxonomy setup option. See section 4.3.4 for information on the taxonomy setup options. The process for setting up taxonomies for all reports is the same, as described in the steps below.

3. A message is displayed advising you it may take some time to load the taxonomies. Click Yes to continue.

4. The Add/Edit Taxonomy window is displayed. Select the taxonomy you want to edit by clicking the down arrow from the Select Taxonomy drop-down list and clicking the taxonomy.

5. The items available to be added to the taxonomy are listed in the left frame, and the items already included in the taxonomy are listed in the right frame, as shown in Figure 14-9 below. To add an item, click the item, which will be highlighted in blue, then click the > button in the Select group. To add all of the items in the list to the taxonomy, click the >> button. To remove one item from the taxonomy, click the item, then click the < button. To remove all items from the taxonomy, click the << button.

6. To save your changes, click Save.

7. To exit the window, click Close.

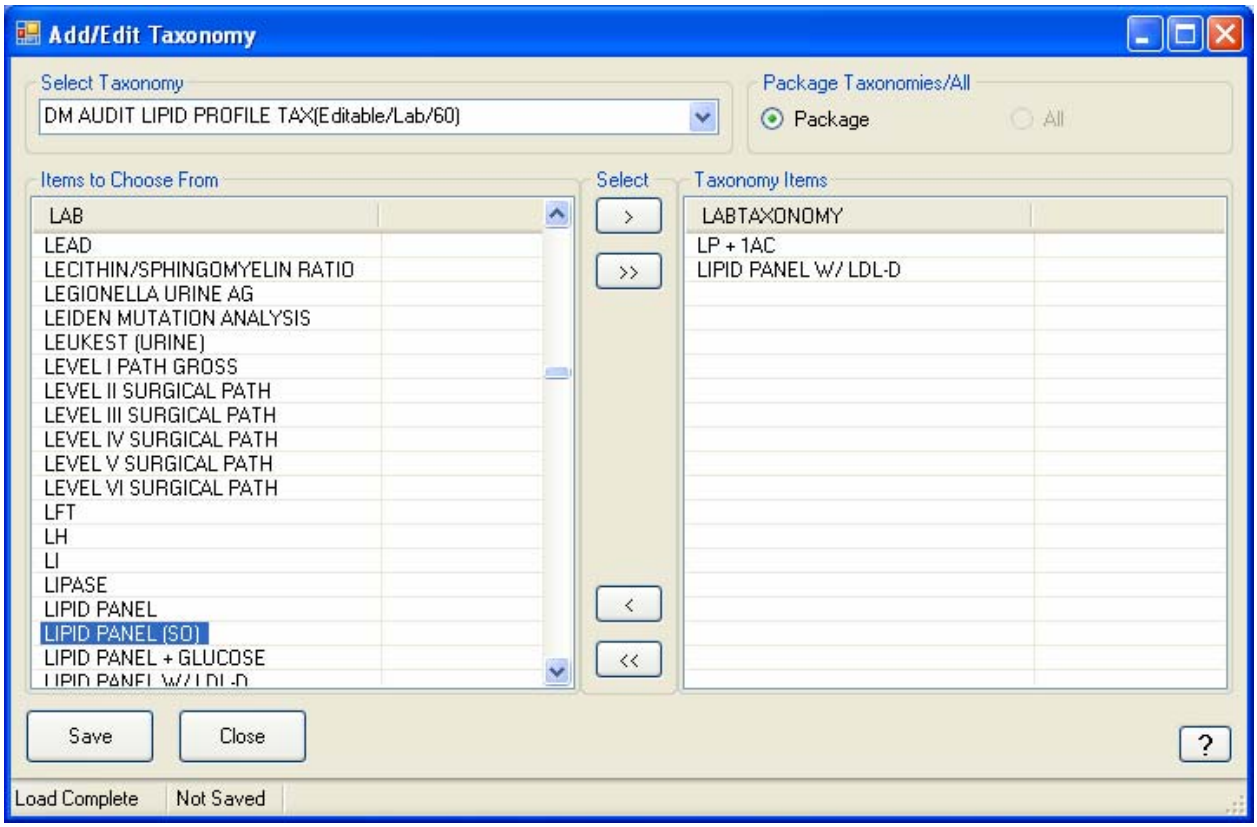


Figure 14-9: Adding an Item to a Site-populated Taxonomy

14.3 Reports and Patients Lists

This section contains instructions on running the CRS reports and patient lists. The CRS GUI contains all of the reports available in the CHUI version. See section 5.0 for descriptions of the reports and patient lists, content of the reports, and report formats.

1. From the Visual CRS window (Figure 14-1), click the + at the left of the CRS 2006-Version 6.1 folder to open the CRS 2006-Version 6.1 menu.

2. Click the + at the left of the Reports folder to open the Reports menu, as shown in Figure 14-10.

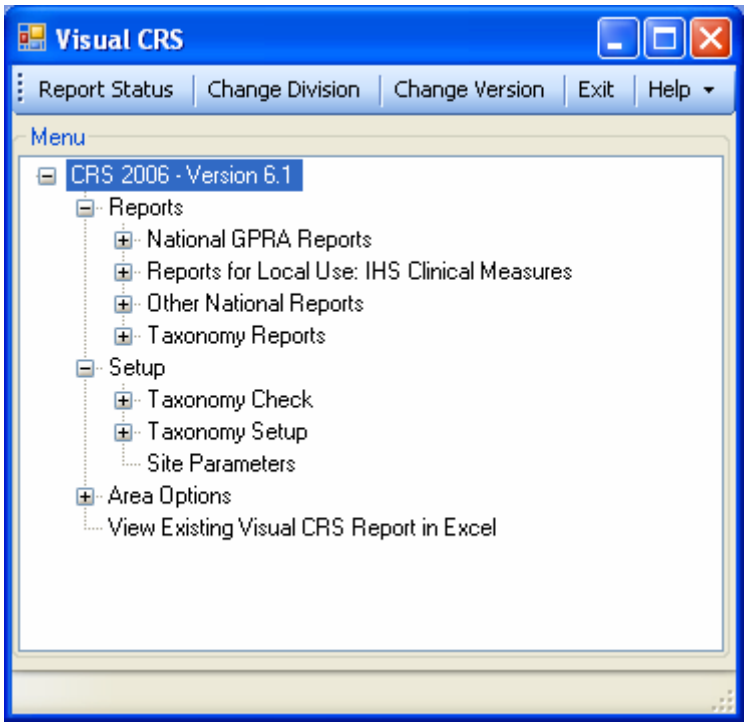


Figure 14-10: Reports Menu

14.3.1 National GPRA Report

1. From the Reports Menu (Figure 14-10), click the + at the left of the National GPRA Reports folder to display the report options.

2. Click the National GPRA Report option.

3. Information about the report is displayed and the software checks the taxonomies for the report. If your taxonomies for the report have all been setup and populated, a message stating all taxonomies are present is displayed. If they have not all been setup and populated, then a message stating one or more taxonomies are missing or have no entries will be displayed. See section 14.2.2.2 to setup the missing taxonomies before running the report. In either case, click OK to continue.

4. The National GPRA report window is displayed, as shown in Figure 14-11.

5. If you want to accept the default community, skip to step 9. To select a different community taxonomy, click the Select button.

6. The Taxonomies window is displayed. Select the desired community taxonomy by clicking the name of the taxonomy in the left frame of the window. You will know it is selected because it will be highlighted in blue.

7. Click the > arrow under the Select group to finish the selection. The taxonomy you selected will now be listed in the Taxonomies Selected group. If you wanted to remove the selected taxonomy, click the taxonomy in the right frame, then click the < button.

8. Click Save to save the selected community taxonomy. To close the window without saving the community taxonomy, click Close.

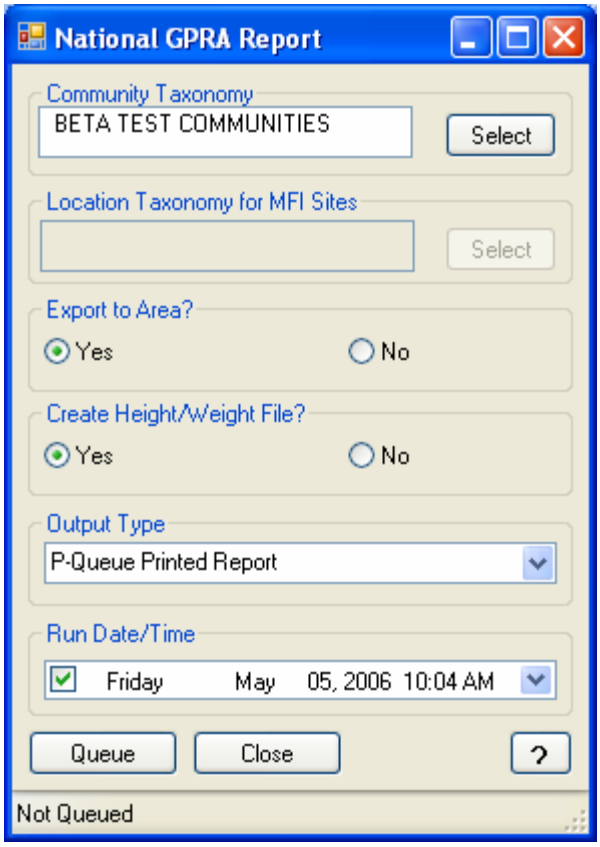


Figure 14-11: National GPRA Report Window

9. The Select button for Location Taxonomy for MFI Sites is enabled only for facilities within the Alaska Area and no action is required for non-Alaska facilities.

10. Click the Yes radio button if you are ready to send final data to your Area Office; otherwise, click the No radio button.

11. Click the Yes radio button if you would like to create a local copy of the height and weight data that will be included in the National GPRA export to the Area Office. NOTE: This option will only be enabled if you selected Yes at the Export to Area section.

12. Select the output type. The output options are defined below.

- **P-Queue Printed Report** – Creates a printed report that will be automatically opened in MS Word from the Check Report Status window (see section 14.5). You do not need to name this file before you run it, as it will be automatically assigned a name by the program.

- **D-Create Delimited output file (for use in Excel)** – Creates a delimited file that will be automatically opened in MS Excel from the Check Report Status window. You do not need to name this file before you run it, as it will be automatically assigned a name by the program.

- **B-Both a Printed Report and Delimited File** – Creates both a printed report that will be automatically opened in MS Word and a delimited file that will be automatically opened in MS Excel from the Check Report Status window.

13. If you want to change the run date and time of the report, click the parameter to be changed (e.g. the run time) by clicking the item to be changed and pressing the up or down arrows. You may also type in a value, such as changing the time in Figure 14-11 by typing from 10:04 to 1:15.

14. Click Queue to run the report or Close to close the window without running the report.

15. Click OK at the message stating the report has been queued and to use the Check Report Status option to view it. Refer to section 14.5 for information on checking the report status and opening them in Word and Excel.

14.3.2 Comprehensive National GPRA Patient List

1. From the Reports Menu (Figure 14-10), click the + at the left of the National GPRA Reports folder to display the report options.

2. Click the Comprehensive National GPRA Patient List option.

3. Information about the patient list is displayed and the software checks the taxonomies for the report. If your taxonomies for the report have all been setup and populated, a message stating all taxonomies are present is displayed. If they have not all been setup and populated, then a message stating one or more taxonomies are missing or have no entries will be displayed. See section 14.2.2.2 to setup the missing taxonomies before running the report. In either case, click OK to continue.

4. The Comprehensive National GPRA Patient List window is displayed (Figure 14-12). Select the type of patient list you want to run (i.e. Random, By Provider, or All Patients). If you selected By Provider, click the Select button to select the provider using the same process as described in section 14.2.1, steps 4 - 7, except you are selecting a provider, not a location.

5. Select the date range for the report by selecting one of the predefined date ranges or selecting the User Defined Report Period option.

   If you selected a predefined date range, enter the year for the report end date. To change the default year, click in the Report Year box and move the up or down arrow on your keyboard to select the desired year.

   If you selected User Defined Report Period, click the list box down arrow to use the calendar to select a date for the report end date. Or, click the month/day/year value in the Report End box and move the up or down arrows to change the values.

6. The default community taxonomy is displayed in the Community Taxonomy list box. You may use this community or select a different community taxonomy, as described in section 14.3.1, steps 6 - 8.

7. The Select button for Location Taxonomy for MFI Sites is enabled only for facilities within the Alaska Area and no action is required for non-Alaska facilities.

8. Select the output type. Refer to section 14.3.1 step 12 for information on report output options.

9. If you want to change the run date and time of the report, click the parameter to be changed (e.g. the run time) by clicking the item to be changed and pressing the up or down arrows. You may also type in a value, such as changing the time (see Figure 14-11; replacing the time of 10:04 with 1:15).

10. Click Queue to run the report or Close to close the window without running the report.

11. Click OK at the message stating the report has been queued and to use the Check Report Status option to view it. Refer to section 14.5 for information on checking the report status and opening them in Word and Excel.

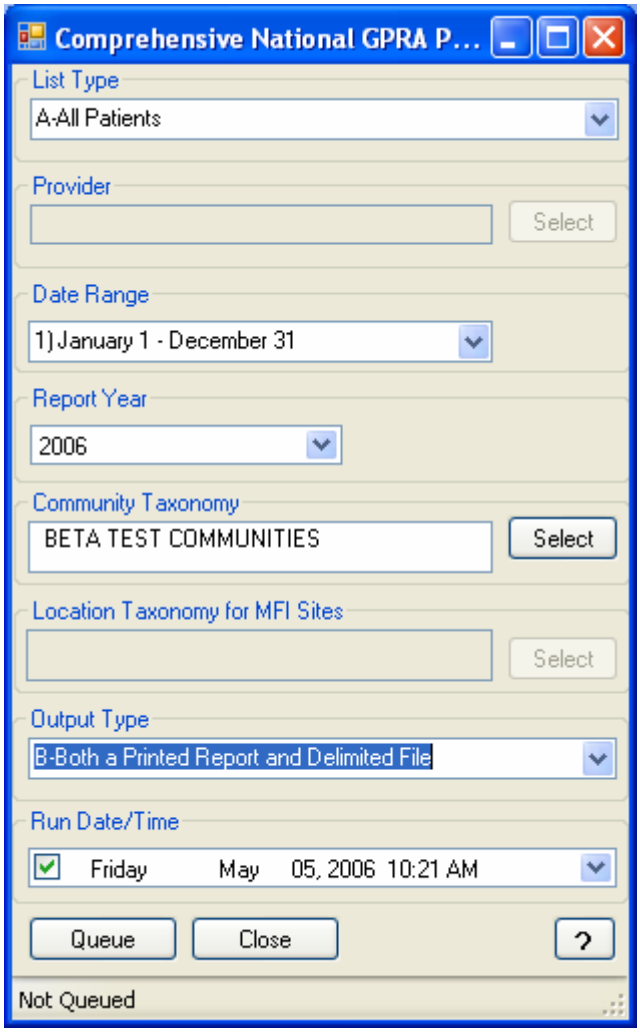


Figure 14-12: Comprehensive National GPRA Patient List Window

14.3.3 National GPRA Report Patient List

1. From the Reports Menu (Figure 14-10), click the + at the left of the National GPRA Reports folder to display the report options.

2. Click the National GPRA Report Patient List option.

3. Information about the patient list is displayed and the software checks the taxonomies for the report. If your taxonomies for the report have all been setup and populated, a message stating all taxonomies are present is displayed. If they have not all been setup and populated, then a message stating one or more taxonomies are missing or have no entries will be displayed. See section 14.2.2.2 to setup the missing taxonomies before running the report. In either case, click OK to continue.

4. The National GPRA Report Patient List window is displayed (Figure 14-13). Click the Select Measure(s) button at the top left to select the measures to be included in the report.

5. The Measures window is displayed. Select the performance measures for your report. The process for selecting the measures is the same as the process for selecting community taxonomy, as described in section 14.3.1, steps 6 - 8, except you are selecting measures, not a community.

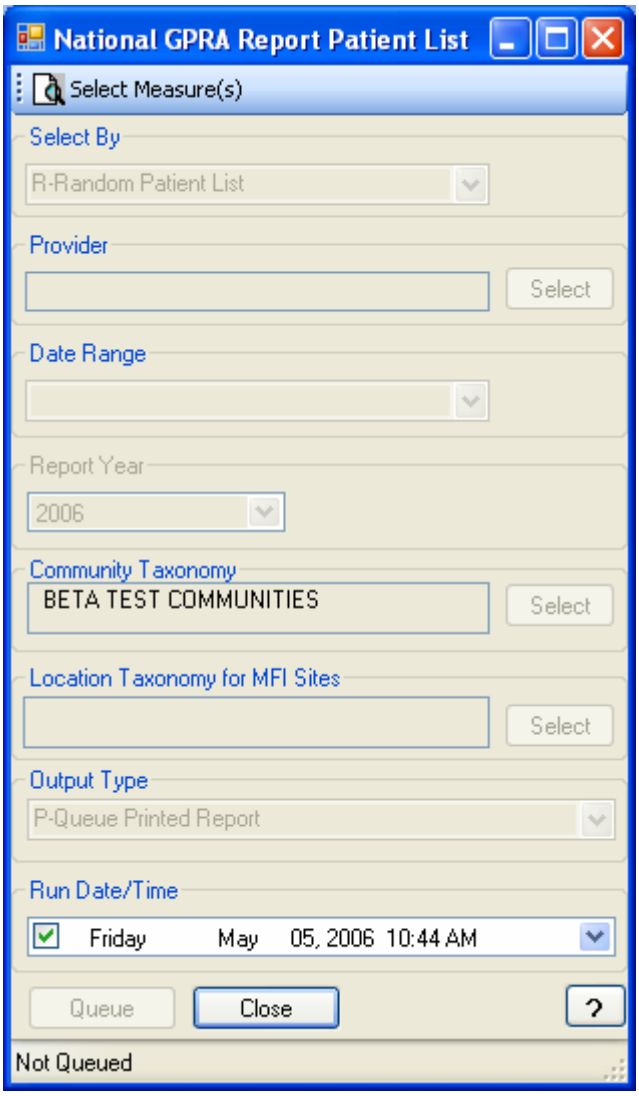


Figure 14-13: National GPRA Report Patient List Window

6. Click OK at the message stating it will walk you through selecting patient lists for the measures you selected.

7. The available patient lists for the first measure you selected are displayed (Figure 14-14). Select the patient lists for the specified measure. The process for selecting the patient lists is the same as the process for selecting community

taxonomy, as described in section 14.3.1, steps 6 - 8, except you are selecting patient lists, not taxonomies. The process will repeat for each measure you selected for the report. Once the measure and patient list selection process is complete, you will be returned to the National GPRA Report Patient List window (Figure 14-13).

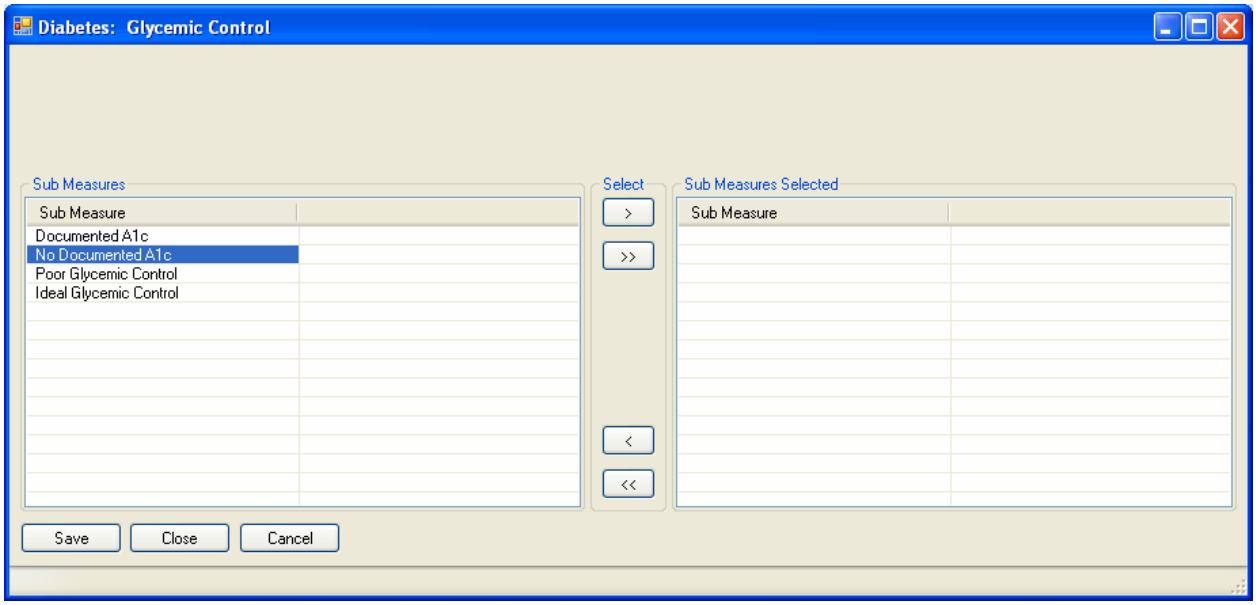


Figure 14-14: Selecting Patient Lists

8. At the National GPRA Report Patient List window (Figure 14-13), select the type of patient list you want to run (i.e. Random, By Provider, or All Patients). If you selected By Provider, click the Select button to select the provider using the same process as described in section 14.2.1, steps 4 - 7, except you are selecting a provider, not a location.

9. Select the date range for the report by selecting one of the predefined date ranges or selecting the User Defined Report Period option.

   If you selected a predefined date range, enter the year for the report end date. To change the default year, click in the Report Year box and move the up or down arrow on your keyboard to select the desired year.

   If you selected User Defined Report Period, click the list box down arrow to use the calendar to select a date for the report end date. Or, click the month/day/year value in the Report End box and move the up or down arrows to change the values.

10. The default community taxonomy is displayed in the Community Taxonomy list box. You may use this community or select a different community taxonomy, as described in section 14.3.1, steps 6 - 8.

11. The Select button for Location Taxonomy for MFI Sites is enabled only for facilities within the Alaska Area and no action is required for non-Alaska facilities.

12. Select the output type. Refer to section 14.3.1 step 12 for information on report output options.

13. If you want to change the run date and time of the report, click the parameter to be changed (e.g. the run time) by clicking the item to be changed and pressing the up or down arrows. You may also type in a value, such as changing the time (see Figure 14-11; replacing the time of 10:04 with 1:15).

14. Click Queue to run the report or Close to close the window without running the report.

15. Click OK at the message stating the report has been queued and to use the Check Report Status option to view it. Refer to section 14.5 for information on checking the report status and opening them in Word and Excel.

14.3.4 Create Search Template for National Patient List

1. From the Reports Menu (Figure 14-10), click the + at the left of the National GPRA Reports folder to display the report options.

2. Click the Create Search Template for National Patient List option.

3. Information about the search template is displayed and the software checks the taxonomies for the report. If your taxonomies for the report have all been setup and populated, a message stating all taxonomies are present is displayed. If they have not all been setup and populated, then a message stating one or more taxonomies are missing or have no entries will be displayed. See section 14.2.2.2 to setup the missing taxonomies before running the report. In either case, click OK to continue.

4. The Search Template for NPL window is displayed (Figure 14-15). Click the Select Measure(s) button at the top left to select the measure from which to create the search template.

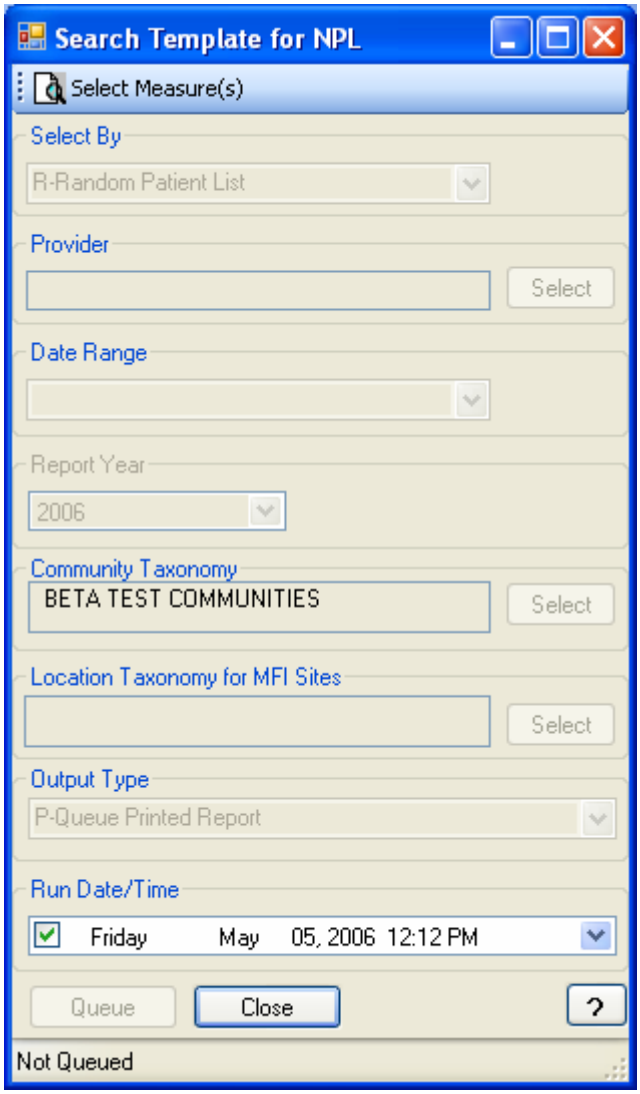


Figure 14-15: Search Template for NPL Window

5. The Measures window is displayed. Select the performance measure for your report. Only one measure may be selected for the search template. The process for selecting the measure is the same as the process for selecting community taxonomy, as described in section 14.3.1, steps 6 - 8, except you are selecting a measure, not a community.

6. Click OK at the message stating it will walk you through selecting patient lists for the measures you selected.

7. The available patient lists for the measure you selected are displayed (Figure 14-14). You may select only one patient list for the search template. Select the patient list for the specified measure. The process for selecting the patient list is the same as the process for selecting community taxonomy, as described in section 14.3.1, steps 6 - 8, except you are selecting a patient list, not taxonomies.

8. The Search Templates window is displayed (Figure 14-16).

9. The names of all existing search templates are displayed in alphabetical order. You may either create a new search template or save it to an existing search template. If you want to create a new search template, type the name of the search template in the New Search Template box. If you want to overwrite an existing search template, click the template to be overwritten from the list of existing search templates. You may search for an existing search template by typing the text to search for in the Begin String box. Click Find Next and the first template containing the text is highlighted in green, as shown in the figure below.

10. Click Add to add/overwrite the search template. A message will be displayed asking you to confirm you want to add/overwrite the existing template. Click Yes to add/overwrite or No to cancel.

11. At the Search Template for NPL window (Figure 14-15), the name of the search template is displayed in the bottom right corner. Select the type of patient list you want to run (i.e. Random, By Provider, or All Patients). If you selected By Provider, click the Select button to select the provider using the same process as described in section 14.2.1, steps 4 - 7, except you are selecting a provider, not a location.

12. Select the date range for the report by selecting one of the predefined date ranges or selecting the User Defined Report Period option.

13. If you selected a predefined date range, enter the year for the report end date. To change the default year, click in the Report Year box and move the up or down arrow on your keyboard to select the desired year.

14. If you selected User Defined Report Period, click the list box down arrow to use the calendar to select a date for the report end date. Or, click the month/day/year value in the Report End box and move the up or down arrows to change the values.

15. The default community taxonomy is displayed in the Community Taxonomy list box. You may use this community or select a different community taxonomy, as described in section 14.3.1, steps 6 - 8.

16. The Select button for Location Taxonomy for MFI Sites is enabled only for facilities within the Alaska Area and no action is required for non-Alaska facilities.

17. Select the output type. Refer to section 14.3.1 step 12 for information on report output options.

18. If you want to change the run date and time of the report, click the parameter to be changed (e.g. the run time) by clicking the item to be changed and pressing the up

or down arrows. You may also type in a value, such as changing the time (see Figure 14-11; replacing the time of 10:04 with 1:15).

19. Click Queue to run the report or Close to close the window without running the report.

20. Click OK at the message stating the report has been queued and to use the Check Report Status option to view it. Refer to section 14.5 for information on checking the report status and opening them in Word and Excel.

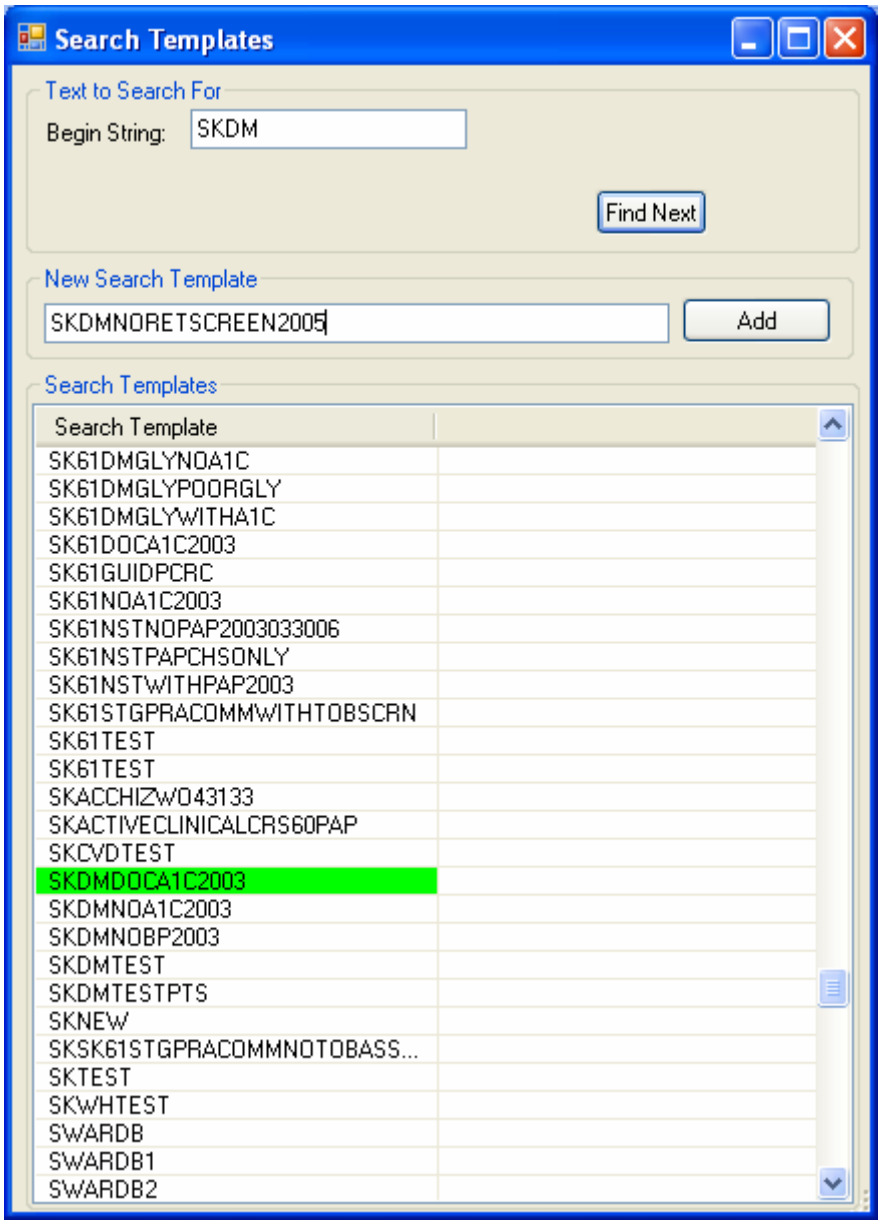


Figure 14-16: Creating Search Template

14.3.5 Selected Measures with Community Specified Report

1. From the Reports Menu (Figure 14-10), click the + at the left of the Reports for Local Use: IHS Clinical Measures folder to display the report options.

2. Click the Selected Measures w/Community Specified option.

3. Information about the report is displayed and the software checks the taxonomies for the report. If your taxonomies for the report have all been setup and populated, a message stating all taxonomies are present is displayed. If they have not all been setup and populated, then a message stating one or more taxonomies are missing or have no entries will be displayed. See section 14.2.2.2 to setup the missing taxonomies before running the report. In either case, click OK to continue.

4. The Selected Measures w/Community window is displayed (Figure 14-17).

5. Select the measures for the report from the Type of Measure list box. You may choose from one of the predefined groups of measures, such as Diabetes-Related Measures, or to select your own measures for the report (User Defined). If you chose the Selected Measures (User Defined) option, click the Select button to select the measures using the same process as described in section 14.3.1, steps 6 - 8 except you are selecting measures, not taxonomies.

6. Select the date range for the report by selecting one of the predefined date ranges.

7. Enter the year for the report end date. To change the default year, click in the Report Year box and move the up or down arrow on your keyboard to select the desired year.

8. Enter the base line year.

9. The default community taxonomy is displayed in the Community Taxonomy list box. You may use this community or select a different community taxonomy, as described in section 14.3.1, steps 6 - 8.

10. The Select button for Location Taxonomy for MFI Sites is enabled only for facilities within the Alaska Area and no action is required for non-Alaska facilities.

11. Click the Yes radio button if you want to include patient lists for your report; otherwise, click the No button and skip to step 14.

12. Click the Select Measures button. The Patient List Measures window is displayed. Select the patient lists for your report by using the same process as described in section 14.3.1, steps 6 - 8 except you are selecting patient lists, not taxonomies.

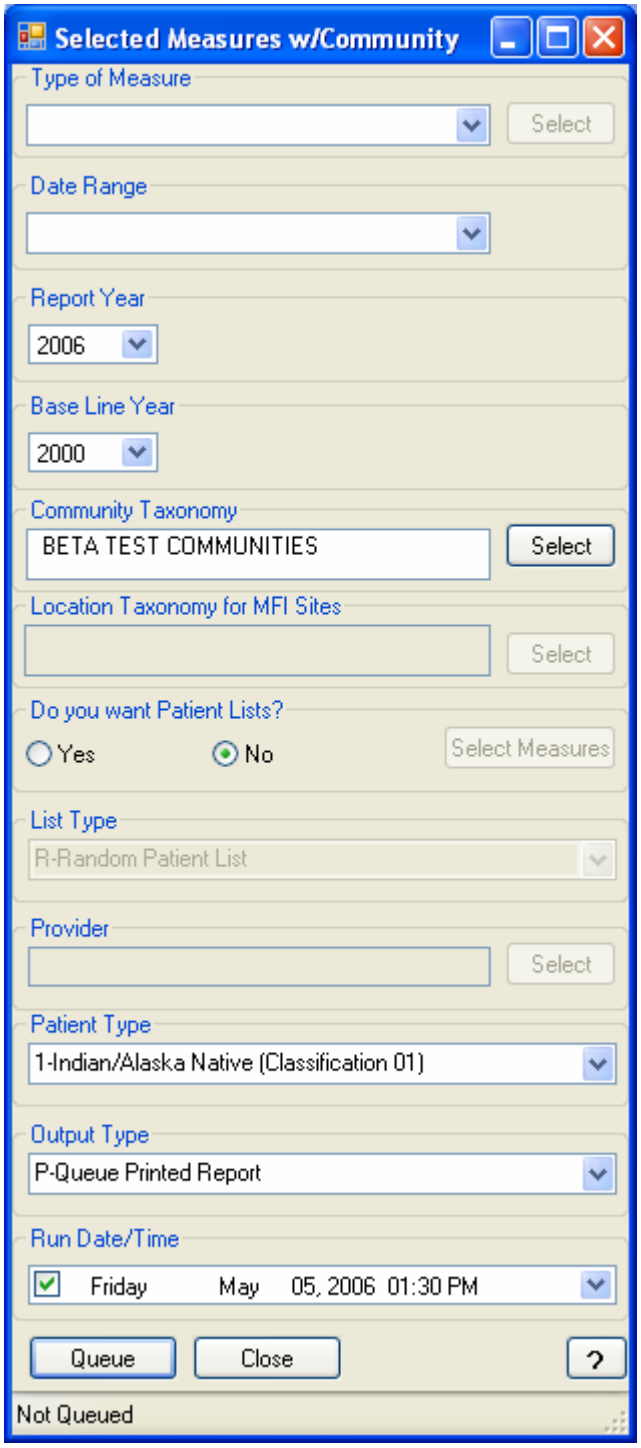


Figure 14-17: Selected Measures w/Community Window

13. Select the type of patient list you want to run (i.e. Random, By Provider, or All Patients). If you selected By Provider, click the Select button to select the provider using the same process as described in section 14.2.1, steps 4 - 7, except you are selecting a provider, not a location.

14. Select the Patient Type (i.e. include only AI/AN patients, non-AI/AN patients, or both).

15. Select the output type. Refer to section 14.3.1 step 12 for information on report output options.

16. If you want to change the run date and time of the report, click the parameter to be changed (e.g. the run time) by clicking the item to be changed and pressing the up or down arrows. You may also type in a value, such as changing the time (see Figure 14-11; replacing the time of 10:04 with 1:15).

17. Click Queue to run the report or Close to close the window without running the report.

18. Click OK at the message stating the report has been queued and to use the Check Report Status option to view it. Refer to section 14.5 for information on checking the report status and opening them in Word and Excel.

14.3.6 Selected Measures w/Patient Panel Population Report

1. From the Reports Menu (Figure 14-10), click the + at the left of the Reports for Local Use: IHS Clinical Measures folder to display the report options.

2. Click the Selected Measures w/Patient Panel option.

3. Information about the report is displayed and the software checks the taxonomies for the report. If your taxonomies for the report have all been setup and populated, a message stating all taxonomies are present is displayed. If they have not all been setup and populated, then a message stating one or more taxonomies are missing or have no entries will be displayed. See section 14.2.2.2 to setup the missing taxonomies before running the report. In either case, click OK to continue.

4. The Selected Measures w/Patient Panel window is displayed (Figure 14-18).

5. Click the Select button to select the search template (i.e. patient panel) for the report using the same process as described in section 14.2.1, steps 4 - 7, except you are selecting a search template, not a location.

6. Select the measures for the report from the Type of Measure list box. You may choose from one of the predefined groups of measures, such as Diabetes-Related Measures, or to select your own measures for the report (User Defined). If you chose the Selected Measures (User Defined) option, click the Select button to select the measures using the same process as described in section 14.3.1, steps 6 - 8 except you are selecting measures, not taxonomies.

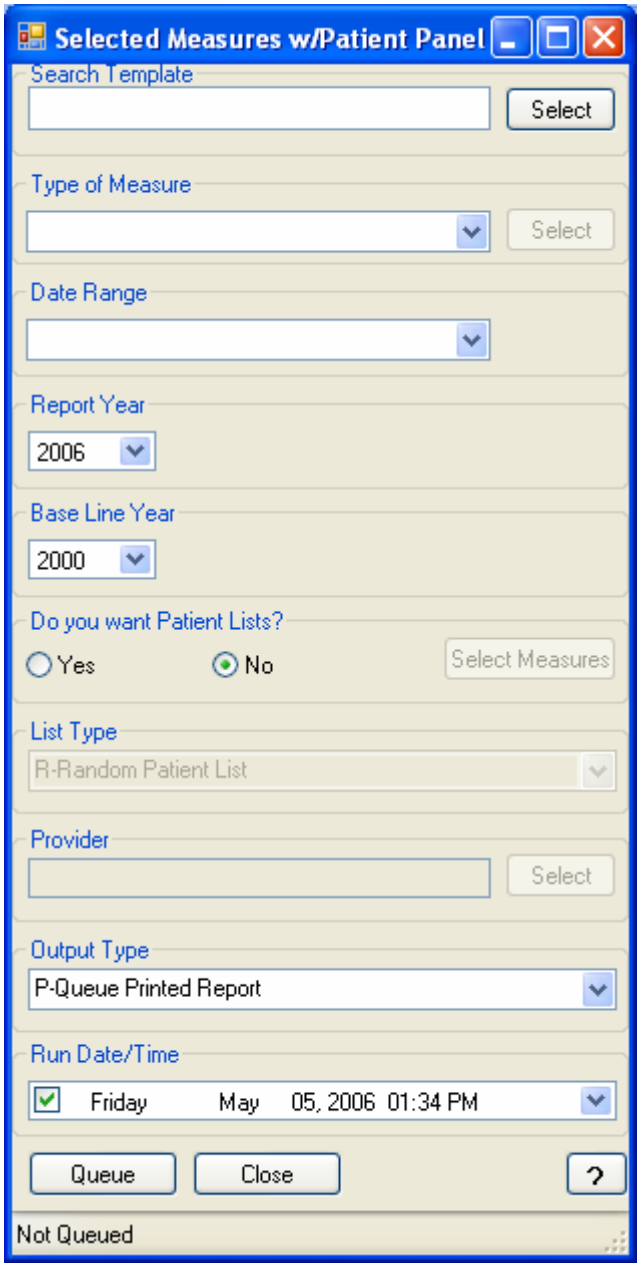


Figure 14-18: Selected Measures w/Patient Panel Window

7. Select the date range for the report by selecting one of the predefined date ranges.

8. Enter the year for the report end date. To change the default year, click in the Report Year box and move the up or down arrow on your keyboard to select the desired year.

9. Enter the base line year.

10. Click the Yes radio button if you want to include patient lists for your report; otherwise, click the No button and skip to step 13.

11. Click the Select Measures button. The Patient List Measures window is displayed. Select the patient lists for your report by using the same process as described in section 14.3.1, steps 6 - 8 except you are selecting patient lists, not taxonomies.

12. Select the type of patient list you want to run (i.e. Random, By Provider, or All Patients). If you selected By Provider, click the Select button to select the provider using the same process as described in section 14.2.1, steps 4 - 7, except you are selecting a provider, not a location.

13. Select the output type. Refer to section 14.3.1 step 12 for information on report output options.

14. If you want to change the run date and time of the report, click the parameter to be changed (e.g. the run time) by clicking the item to be changed and pressing the up or down arrows. You may also type in a value, such as changing the time (see Figure 14-11; replacing the time of 10:04 with 1:15).

15. Click Queue to run the report or Close to close the window without running the report.

16. Click OK at the message stating the report has been queued and to use the Check Report Status option to view it. Refer to section 14.5 for information on checking the report status and opening them in Word and Excel.

14.3.7 Selected Measures w/All Communities Report

1. From the Reports Menu (Figure 14-10), click the + at the left of the Reports for Local Use: IHS Clinical Measures folder to display the report options.

2. Click the Selected Measures w/All Communities option.

3. Information about the report is displayed and the software checks the taxonomies for the report. If your taxonomies for the report have all been setup and populated, a message stating all taxonomies are present is displayed. If they have not all been setup and populated, then a message stating one or more taxonomies are missing or have no entries will be displayed. See section 14.2.2.2 to setup the missing taxonomies before running the report. In either case, click OK to continue.

4. The Selected Measures w/All Communities window is displayed (Figure 14-19).

5. Select the measures for the report from the Type of Measure list box. You may choose from one of the predefined groups of measures, such as Diabetes-Related Measures, or to select your own measures for the report (User Defined). If you chose the Selected Measures (User Defined) option, click the Select button to select the measures using the same process as described in section 14.3.1, steps 6 - 8 except you are selecting measures, not taxonomies.

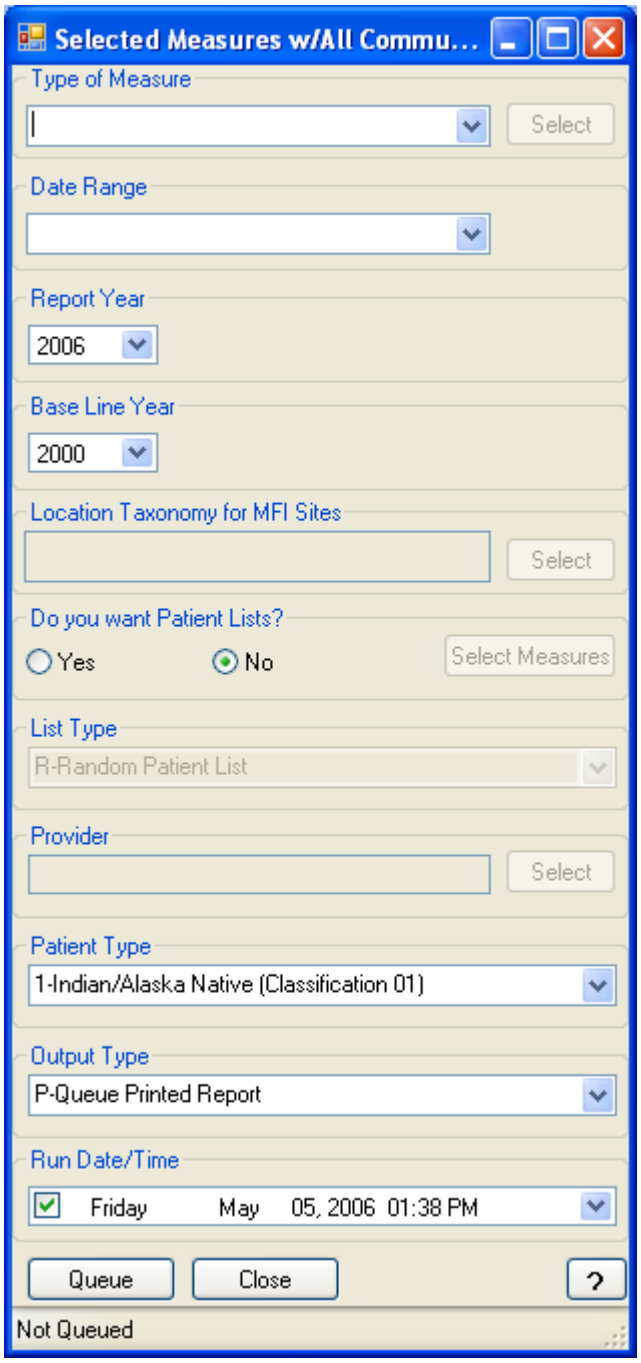


Figure 14-19: Selected Measures w/All Communities Window

6. Select the date range for the report by selecting one of the predefined date ranges.

7. Enter the year for the report end date. To change the default year, click in the Report Year box and move the up or down arrow on your keyboard to select the desired year.

8. Enter the base line year.

9. The Select button for Location Taxonomy for MFI Sites is enabled only for facilities within the Alaska Area and no action is required for non-Alaska facilities.

10. Click the Yes radio button if you want to include patient lists for your report; otherwise, click the No button and skip to step 13.

11. Click the Select Measures button. The Patient List Measures window is displayed. Select the patient lists for your report by using the same process as described in section 14.3.1, steps 6 - 8 except you are selecting patient lists, not taxonomies.

12. Select the type of patient list you want to run (i.e. Random, By Provider, or All Patients). If you selected By Provider, click the Select button to select the provider using the same process as described in section 14.2.1, steps 4 - 7, except you are selecting a provider, not a location.

13. Select the Patient Type (i.e. include only AI/AN patients, non-AI/AN patients, or both).

14. Select the output type. Refer to section 14.3.1 step 12 for information on report output options.

15. If you want to change the run date and time of the report, click the parameter to be changed (e.g. the run time) by clicking the item to be changed and pressing the up or down arrows. You may also type in a value, such as changing the time (see Figure 14-11; replacing the time of 10:04 with 1:15).

16. Click Queue to run the report or Close to close the window without running the report.

17. Click OK at the message stating the report has been queued and to use the Check Report Status option to view it. Refer to section 14.5 for information on checking the report status and opening them in Word and Excel.

14.3.8 CMS Report

1. From the Reports Menu (Figure 14-10), click the + at the left of the Reports for Local Use: IHS Clinical Measures folder to display the report options.

2. Click the CMS Performance Report option.

3. Information about the report is displayed and the software checks the taxonomies for the report. If your taxonomies for the report have all been setup and populated, a message stating all taxonomies are present is displayed. If they have not all been setup and populated, then a message stating one or more taxonomies are missing or have no entries will be displayed. See section 14.2.2.2 to setup the

missing taxonomies before running the report. In either case, click OK to continue.

4. The CMS Performance Report window is displayed (Figure 14-20).

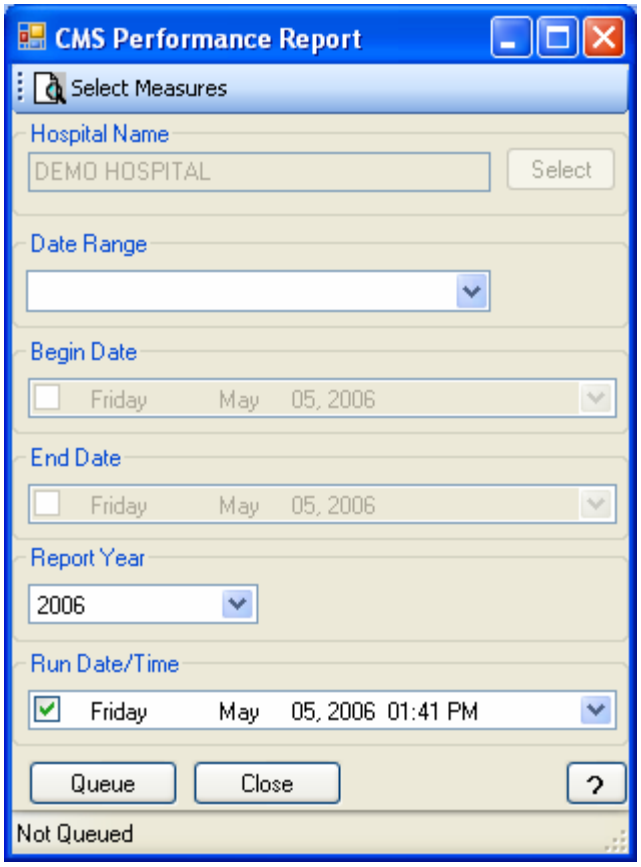


Figure 14-20: CMS Performance Report Window

5. Click the Select Measures button to choose the measures for the report using the same process as described in section 14.3.1, steps 6 - 8 except you are selecting measures, not taxonomies.

6. Accept the default hospital name or enter a different one by clicking the Select button and using the same process as described in section 14.2.1, steps 4 - 7, except you are selecting a hospital, not a location.

7. Select the date range for the report by selecting one of the predefined date ranges or selecting the User Defined Report Period option.

8. If you selected a predefined date range, enter the year for the report end date. To change the default year, click in the Report Year box and move the up or down arrow on your keyboard to select the desired year.

If you selected User Defined Report Period, click the Begin Date and End Date list box down arrows to use the calendar to select the beginning and ending dates for the report. Or, click the checkbox in the Begin Date and End Date boxes, then click the month, day, or year value to be changed, and move the up or down arrows to change the values.

NOTE: There is no delimited output option for this report. All reports will be imported into Word.

9. If you want to change the run date and time of the report, click the parameter to be changed (e.g. the run time) by clicking the item to be changed and pressing the up or down arrows. You may also type in a value, such as changing the time (see Figure 14-11; replacing the time of 10:04 with 1:15).

10. Click Queue to run the report or Close to close the window without running the report.

11. Click OK at the message stating the report has been queued and to use the Check Report Status option to view it. Refer to section 14.5 for information on checking the report status and opening it in Word.

14.3.9 GPRA Performance Report

1. From the Reports Menu (Figure 14-10), click the + at the left of the Other National Reports folder to display the report options.

2. Click the GPRA Performance Report option.

3. Information about the report is displayed and the software checks the taxonomies for the report. If your taxonomies for the report have all been setup and populated, a message stating all taxonomies are present is displayed. If they have not all been setup and populated, then a message stating one or more taxonomies are missing or have no entries will be displayed. See section 14.2.2.2 to setup the missing taxonomies before running the report. In either case, click OK to continue.

4. The GPRA Performance Report window is displayed (Figure 14-21).

5. Select the date range for the report by selecting one of the predefined date ranges or selecting the User Defined Report Period option.

6. If you selected a predefined date range, enter the year for the report end date. To change the default year, click in the Report Year box and move the up or down arrow on your keyboard to select the desired year.

   If you selected User Defined Report Period, click the list box down arrow to use the calendar to select a date for the report end date. Or, click the month/day/year

value in the Report End box and move the up or down arrows to change the values.

7. Enter the base line year.

8. The default community taxonomy is displayed in the Community Taxonomy list box. You may use this community or select a different community taxonomy, as described in section 14.3.1, steps 6 - 8.

9. The Select button for Location Taxonomy for MFI Sites is enabled only for facilities within the Alaska Area and no action is required for non-Alaska facilities.

10. Click the Yes radio button if you are ready to send final data to your Area Office; otherwise, click the No radio button.

11. Select the Patient Type (i.e. include only AI/AN patients, non-AI/AN patients, or both).

12. Select the output type. Refer to section 14.3.1 step 12 for information on report output options.

13. If you want to change the run date and time of the report, click the parameter to be changed (e.g. the run time) by clicking the item to be changed and pressing the up or down arrows. You may also type in a value, such as changing the time (see Figure 14-11; replacing the time of 10:04 with 1:15).

14. Click Queue to run the report or Close to close the window without running the report.

15. Click OK at the message stating the report has been queued and to use the Check Report Status option to view it. Refer to section 14.5 for information on checking the report status and opening them in Word and Excel.

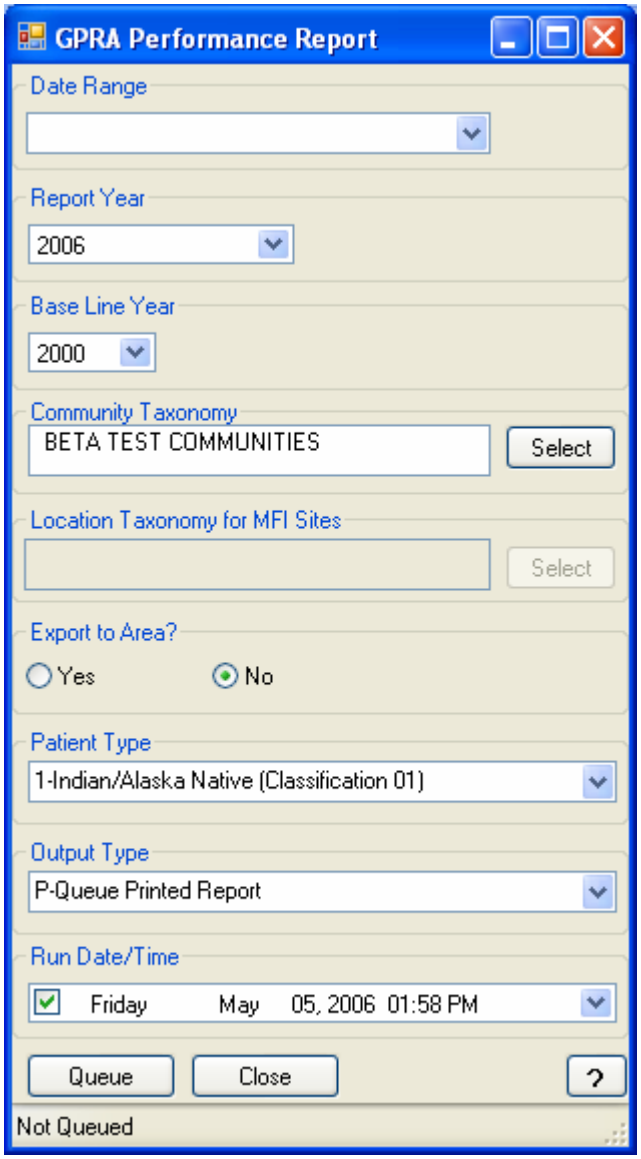


Figure 14-21: GPRA Performance Report Window

14.3.10 Elder Care Report

1. From the Reports Menu (Figure 14-10), click the + at the left of the Other National Reports folder to display the report options.

2. Click the Elder Care Report option.

3. Information about the report is displayed and the software checks the taxonomies for the report. If your taxonomies for the report have all been setup and populated, a message stating all taxonomies are present is displayed. If they have not all been setup and populated, then a message stating one or more taxonomies are missing or have no entries will be displayed. See section 14.2.2.2 to setup the

missing taxonomies before running the report. In either case, click OK to continue.

4. The Elder Care Report window is displayed (Figure 14-22).

5. Click the All radio button to select all Elder Care measures for the report OR click the Selected radio button to choose the measures to be included in the report. If you chose the Selected option, click the Select button to select the measures for the report using the same process as described in section 14.3.1, steps 6 - 8 except you are selecting measures, not taxonomies.

6. Select the date range for the report by selecting one of the predefined date ranges or selecting the User Defined Report Period option.

7. If you selected a predefined date range, enter the year for the report end date. To change the default year, click in the Report Year box and move the up or down arrow on your keyboard to select the desired year.

   If you selected User Defined Report Period, click the list box down arrow to use the calendar to select a date for the report end date. Or, click the month/day/year value in the Report End box and move the up or down arrows to change the values.

8. Enter the base line year.

9. The default community taxonomy is displayed in the Community Taxonomy list box. You may use this community or select a different community taxonomy, as described in section 14.3.1, steps 6 - 8.

10. The Select button for Location Taxonomy for MFI Sites is enabled only for facilities within the Alaska Area and no action is required for non-Alaska facilities.

11. Click the Yes radio button if you want to include patient lists for your report; otherwise, click the No button and skip to step 14.

12. Click the Select Measures button. The Patient List Measures window is displayed. Select the patient lists for your report by using the same process as described in section 14.3.1, steps 6 - 8 except you are selecting patient lists, not taxonomies.

13. Select the type of patient list you want to run (i.e. Random, By Provider, or All Patients). If you selected By Provider, click the Select button to select the provider using the same process as described in section 14.2.1, steps 4 - 7, except you are selecting a provider, not a location.

14. Select the Patient Type (i.e. include only AI/AN patients, non-AI/AN patients, or both).

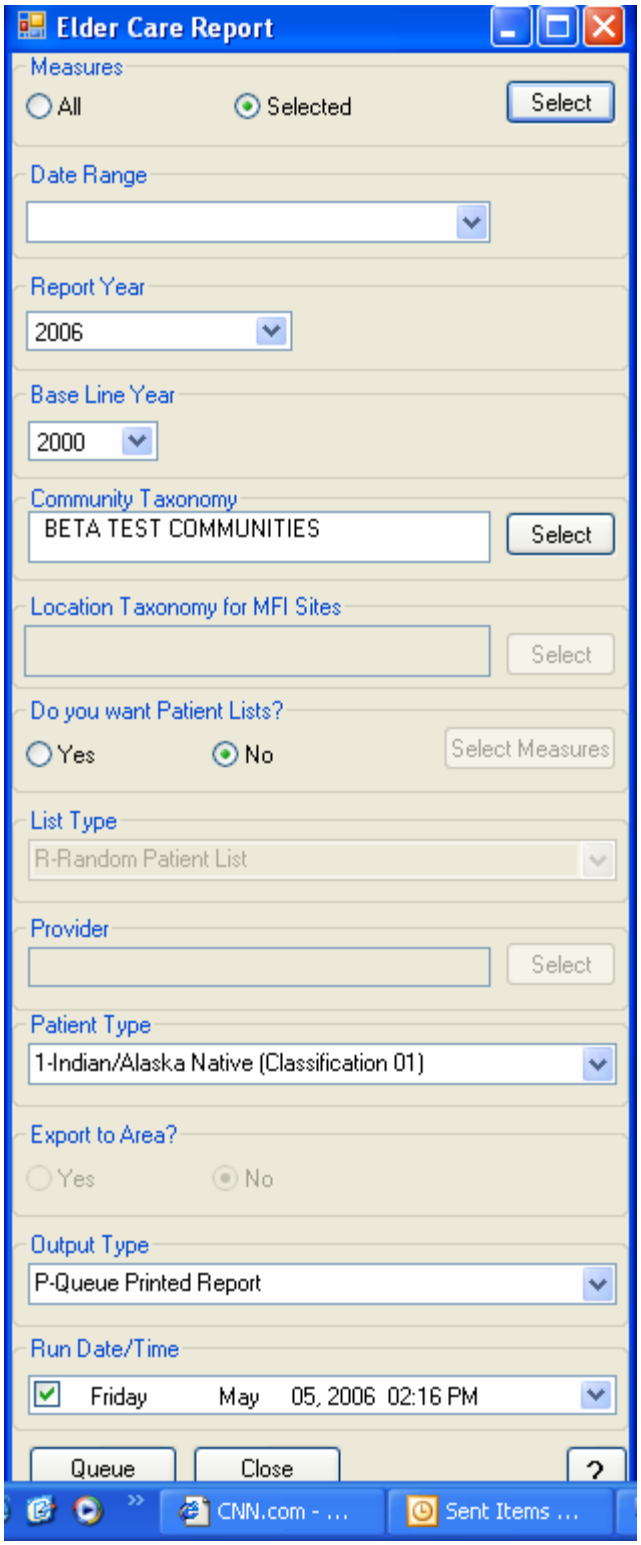


Figure 14-22: Elder Care Report Window

15. Click the Yes radio button if you are ready to send final data to your Area Office; otherwise, click the No radio button. **NOTE: This option will only be available if you selected all measures for the report.**

16. Select the output type. Refer to section 14.3.1 step 12 for information on report output options.

17. If you want to change the run date and time of the report, click the parameter to be changed (e.g. the run time) by clicking the item to be changed and pressing the up or down arrows. You may also type in a value, such as changing the time (see Figure 14-11; replacing the time of 10:04 with 1:15).

18. Click Queue to run the report or Close to close the window without running the report.

19. Click OK at the message stating the report has been queued and to use the Check Report Status option to view it. Refer to section 14.5 for information on checking the report status and opening them in Word and Excel.

14.3.11 HEDIS Performance Report

1. From the Reports Menu (Figure 14-10), click the + at the left of the Other National Reports folder to display the report options.

2. Click the HEDIS Performance Report option.

3. Information about the report is displayed and the software checks the taxonomies for the report. If your taxonomies for the report have all been setup and populated, a message stating all taxonomies are present is displayed. If they have not all been setup and populated, then a message stating one or more taxonomies are missing or have no entries will be displayed. See section 14.2.2.2 to setup the missing taxonomies before running the report. In either case, click OK to continue.

4. The HEDIS Performance Report window is displayed (Figure 14-23).

5. Select the date range for the report by selecting one of the predefined date ranges.

6. Enter the year for the report end date. To change the default year, click in the Report Year box and move the up or down arrow on your keyboard to select the desired year.

7. Enter the base line year.

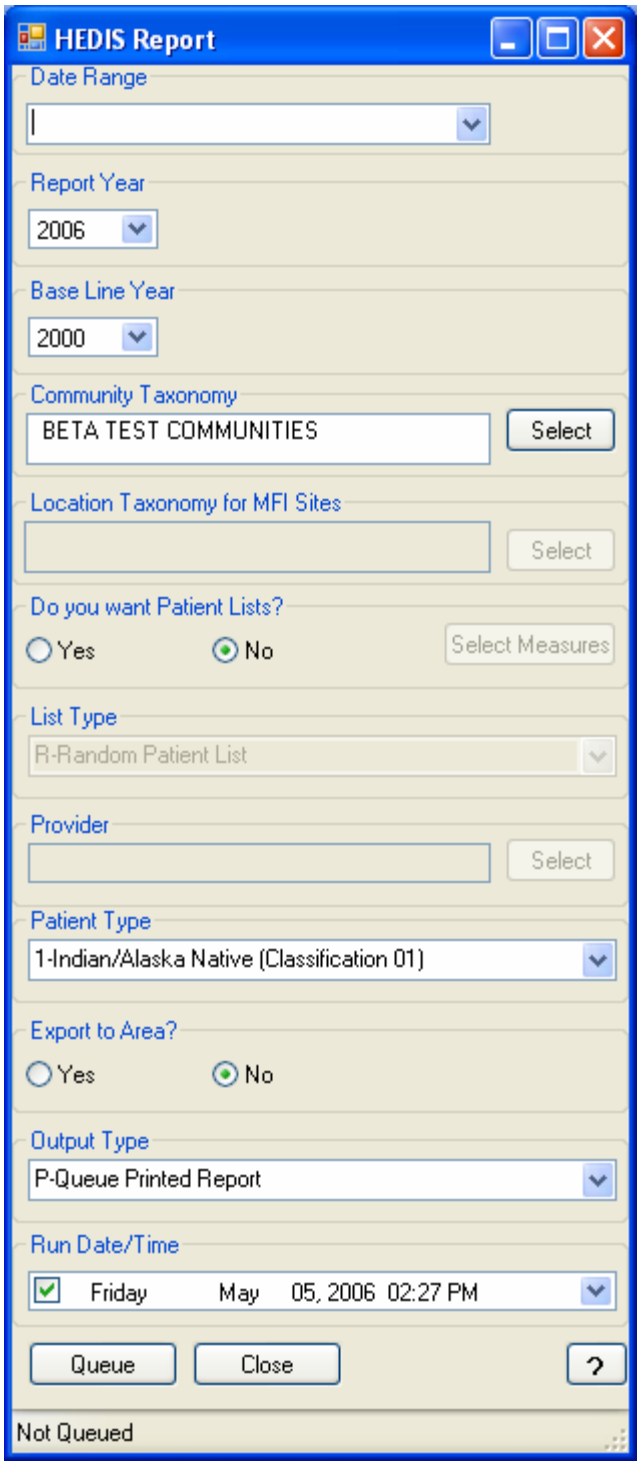


Figure 14-23: HEDIS Performance Report Window

8. The default community taxonomy is displayed in the Community Taxonomy list box. You may use this community or select a different community taxonomy, as described in section 14.3.1, steps 6 - 8.

9. The Select button for Location Taxonomy for MFI Sites is enabled only for facilities within the Alaska Area and no action is required for non-Alaska facilities.

10. Click the Yes radio button if you want to include patient lists for your report; otherwise, click the No button and skip to step 13.

11. Click the Select Measures button. The Patient List Measures window is displayed. Select the patient lists for your report by using the same process as described in section 14.3.1, steps 6 - 8 except you are selecting patient lists, not taxonomies.

12. Select the type of patient list you want to run (i.e. Random, By Provider, or All Patients). If you selected By Provider, click the Select button to select the provider using the same process as described in section 14.2.1, steps 4 - 7, except you are selecting a provider, not a location.

13. Select the Patient Type (i.e. include only AI/AN patients, non-AI/AN patients, or both).

14. Click the Yes radio button if you are ready to send final data to your Area Office; otherwise, click the No radio button.

15. Select the output type. Refer to section 14.3.1 step 12 for information on report output options.

16. If you want to change the run date and time of the report, click the parameter to be changed (e.g. the run time) by clicking the item to be changed and pressing the up or down arrows. You may also type in a value, such as changing the time (see Figure 14-11; replacing the time of 10:04 with 1:15).

17. Click Queue to run the report or Close to close the window without running the report.

18. Click OK at the message stating the report has been queued and to use the Check Report Status option to view it. Refer to section 14.5 for information on checking the report status and opening them in Word and Excel.

14.3.12 Lab Taxonomy Report

1. From the Reports Menu (Figure 14-10), click the + at the left of the Taxonomy Reports folder to display the report options.

2. Click the Lab Taxonomy Report option.

3. Information about the report is displayed. Click OK to continue.

4. The Lab Taxonomy Report window is displayed (Figure 14-24).

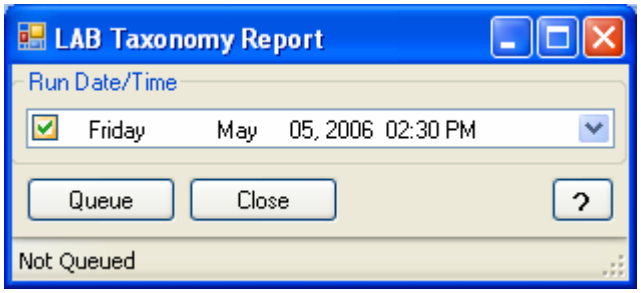


Figure 14-24: LAB Taxonomy Report Window

> **NOTE:** There is no delimited output option for this report. All reports will be imported into Word.

5. If you want to change the run date and time of the report, click the parameter to be changed (e.g. the run time) by clicking the item to be changed and pressing the up or down arrows. You may also type in a value, such as changing the time (see Figure 14-11; replacing the time of 10:04 with 1:15).

6. Click Queue to run the report or Close to close the window without running the report.

7. Click OK at the message stating the report has been queued and to use the Check Report Status option to view it. Refer to section 14.5 for information on checking the report status and opening it in Word.

14.3.13 Medication Taxonomy Report

1. From the Reports Menu (Figure 14-10), click the + at the left of the Taxonomy Reports folder to display the report options.

2. Click the Medication Taxonomy Report option.

3. Information about the report is displayed. Click OK to continue.

4. The Medication Taxonomy Report window is displayed (Figure 14-25).

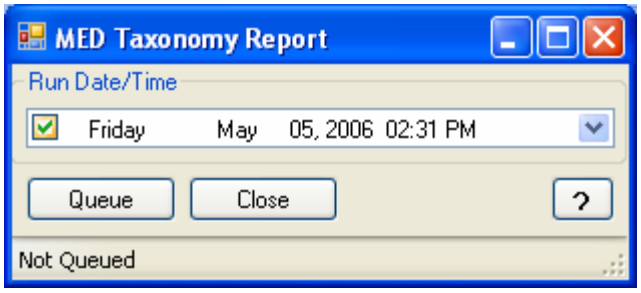


Figure 14-25: MED Taxonomy Report Window

NOTE: There is no delimited output option for this report. All reports will be imported into Word.

5. If you want to change the run date and time of the report, click the parameter to be changed (e.g. the run time) by clicking the item to be changed and pressing the up or down arrows. You may also type in a value, such as changing the time (see Figure 14-11; replacing the time of 10:04 with 1:15).

6. Click Queue to run the report or Close to close the window without running the report.

7. Click OK at the message stating the report has been queued and to use the Check Report Status option to view it. Refer to section 14.5 for information on checking the report status and opening it in Word.

14.4 Area Options

This section contains instructions for Area Office users for uploading the facility report files and running the CRS Area Aggregate reports. The CRS GUI contains all of the Area Office reports available in the CHUI version. See section 7.0 for descriptions of the Area options.

1. From the Visual CRS window (Figure 14-1), click the + at the left of the CRS 2006-Version 6.1 folder to open the CRS 2006-Version 6.1 menu.

2. Click the + at the left of the Area Options folder to open the Area Options menu, as shown in Figure 14-26. **NOTE: The Area Options menu is only displayed for users with the BGPZAREA security key.**

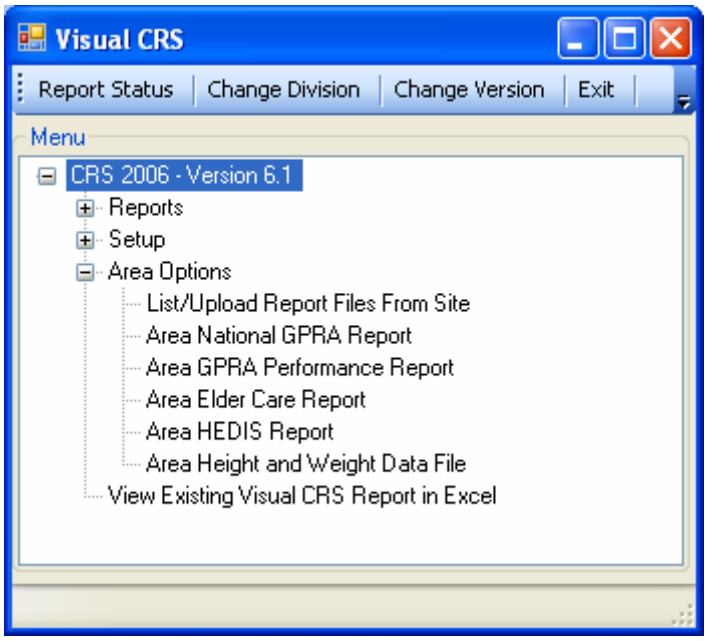


Figure 14-26: Area Options Menu

14.4.1 List/Upload Report Files From Site

1. From the Area Options Menu (Figure 14-26), click the List/Upload Report Files From Site option.

2. The Upload Files window is displayed (Figure 14-27).

3. Type the appropriate directory name in the Directory Name box. This should be the Area network directory to which the facilities' data files have been sent via FTP (File Transfer Protocol).

4. Click OK.

5. A list of files will be displayed, as shown in (Figure 14-27). Only FileMan data files created by CRS 2006 (BGP v.6.*) will be listed. File names begin with "BG06" and are followed by the six-digit ASUFAC code for the facility that created and transmitted the file. Files with an extension containing ".HE" are HEDIS reports and files with an extension of ".EL" are Elder Care reports. GPRA Performance reports are treated the same as National GPRA reports and will be displayed with them, if they have a report period of July 1, 2005 – June 30, 2006, a baseline year of 2000, and a population of AI/AN only. These reports only have numbers in the file name extension. For example, the first six files shown in the figure below are all National GPRA and GPRA Performance report files.

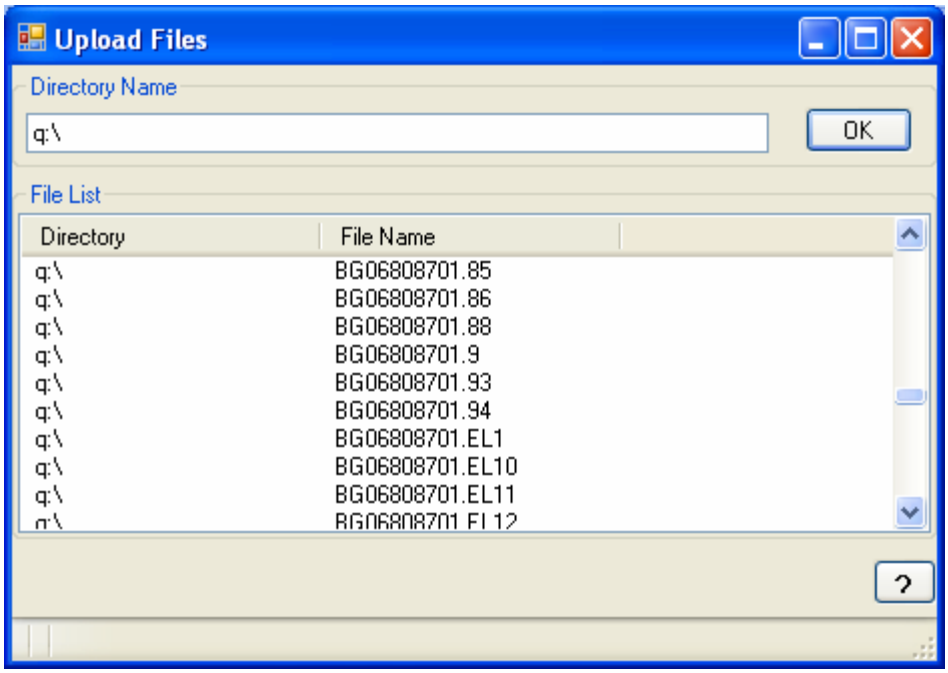


Figure 14-27: Upload Files Window

6. To upload a file, point to the desired file and right-click. An Upload message will be displayed. Click Upload to upload the file. Once the file has been uploaded,

"Files Uploaded Successfully" will be displayed in the status bar (lower left) of the window.

7. To exit the window, click the red X in the upper right corner.

14.4.2 Area National GPRA Report

For background information on this report and to view the sample cover page, sample Summary Page, and sample Clinical Performance Detail section, see section 7.2.1.

1. From the Area Options Menu (Figure 14-26), click the Area National GPRA Report option.

2. The Area National GPRA Report window is displayed (Figure 14-28).

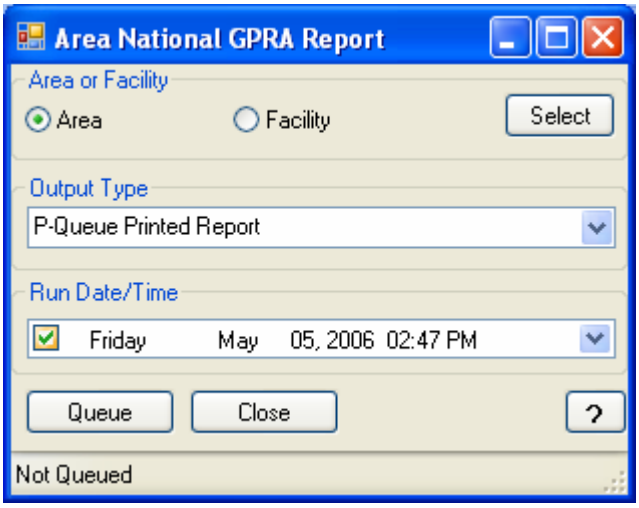


Figure 14-28: Area National GPRA Report Window

3. Click the Area radio button to run a report that combines the data for all sites within the Area or click the Facility radio button to run a report similar to the facility National GPRA report (see section 5.1.1.).

4. The Facilities window is displayed (Figure 14-29). All facilities that have had their data files uploaded for the National GPRA report are displayed.

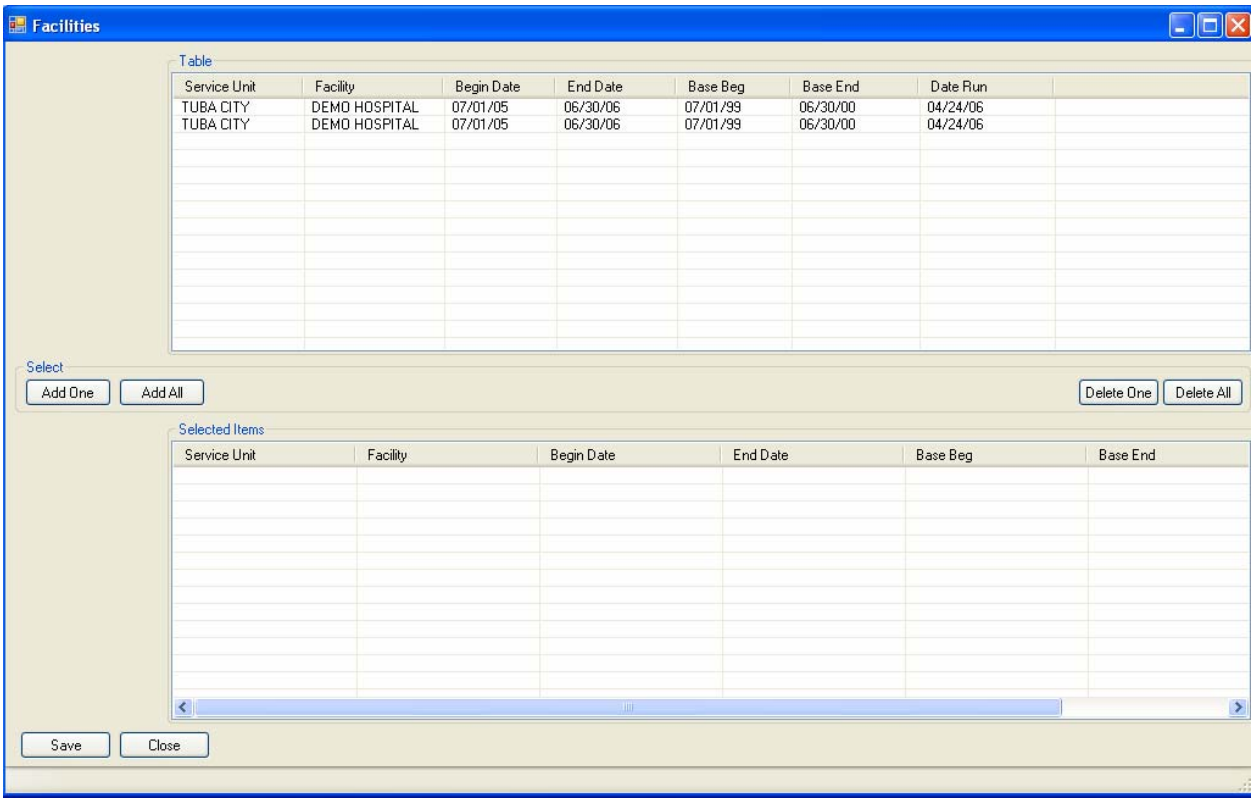


Figure 14-29: Facilities Window

5. To select the facilities to be included, click them, then click the Add One button. To select all listed facilities for the report, click the Add All button. To remove a facility from the Selected Items list, click the facility, then click the Delete One button. To remove all facilities from the Selected Items list, click the Delete All button.

6. Click the Save button when you are finished selecting facilities for the report.

7. Select the output type. Refer to section 14.3.1 step 12 for information on report output options.

8. If you want to change the run date and time of the report, click the parameter to be changed (e.g. the run time) by clicking the item to be changed and pressing the up or down arrows. You may also type in a value, such as changing the time (see Figure 14-11; replacing the time of 10:04 with 1:15).

9. Click Queue to run the report or Close to close the window without running the report.

10. Click OK at the message stating the report has been queued and to use the Check Report Status option to view it. Refer to section 14.5 for information on checking the report status and opening them in Word and Excel.

14.4.3 Area GPRA Performance, Elder Care and HEDIS Reports

The process for running the Area GPRA Performance, Elder Care, and HEDIS reports is the same and will be discussed in this section. For demonstration purposes, the Area Elder Care report was run.

For background information on these reports, refer to sections 7.2.2 through 7.2.4.

1. From the Area Options Menu (Figure 14-26), click the desired report option (i.e. Area GPRA Performance Report, Area Elder Care Report, or Area HEDIS Report).

2. Depending on the report selected, the Area GPRA Performance Report, Area Elder Care Report, or the Area HEDIS Report window is displayed. For demonstration purposes, the Area Elder Care Report window is displayed (Figure 14-30).

3. Select the date range for the report by selecting one of the predefined date ranges or selecting the User Defined Report Period option.

4. If you selected a predefined date range, enter the year for the report end date. To change the default year, click in the Report Year box and move the up or down arrow on your keyboard to select the desired year.

   If you selected User Defined Report Period, click the list box down arrow to use the calendar to select a date for the report end date. Or, click the month/day/year value in the Report End box and move the up or down arrows to change the values.

5. Enter the base line year.

6. Select the Patient Type (i.e. include only AI/AN patients, non-AI/AN patients, or both).

7. Click the Area radio button to run a report that combines the data for all sites within the Area or click the Facility radio button to run a report similar to the facility report. The example here is an Area Aggregate report.

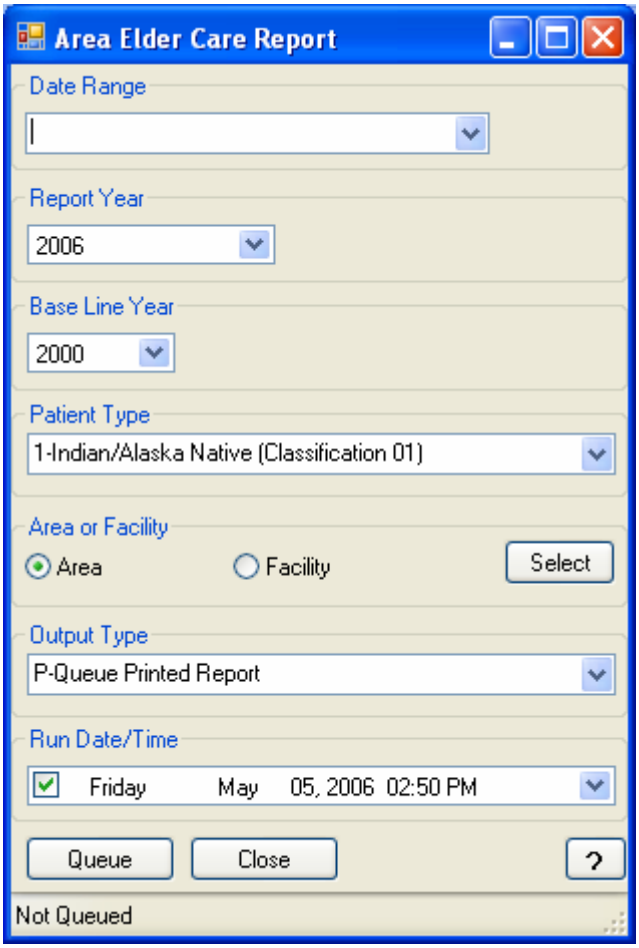


Figure 14-30: Area Elder Care Report Window

8. The Facilities window is displayed (Figure 14-31). All facilities that have had their data files uploaded that match the criteria for the report are displayed.

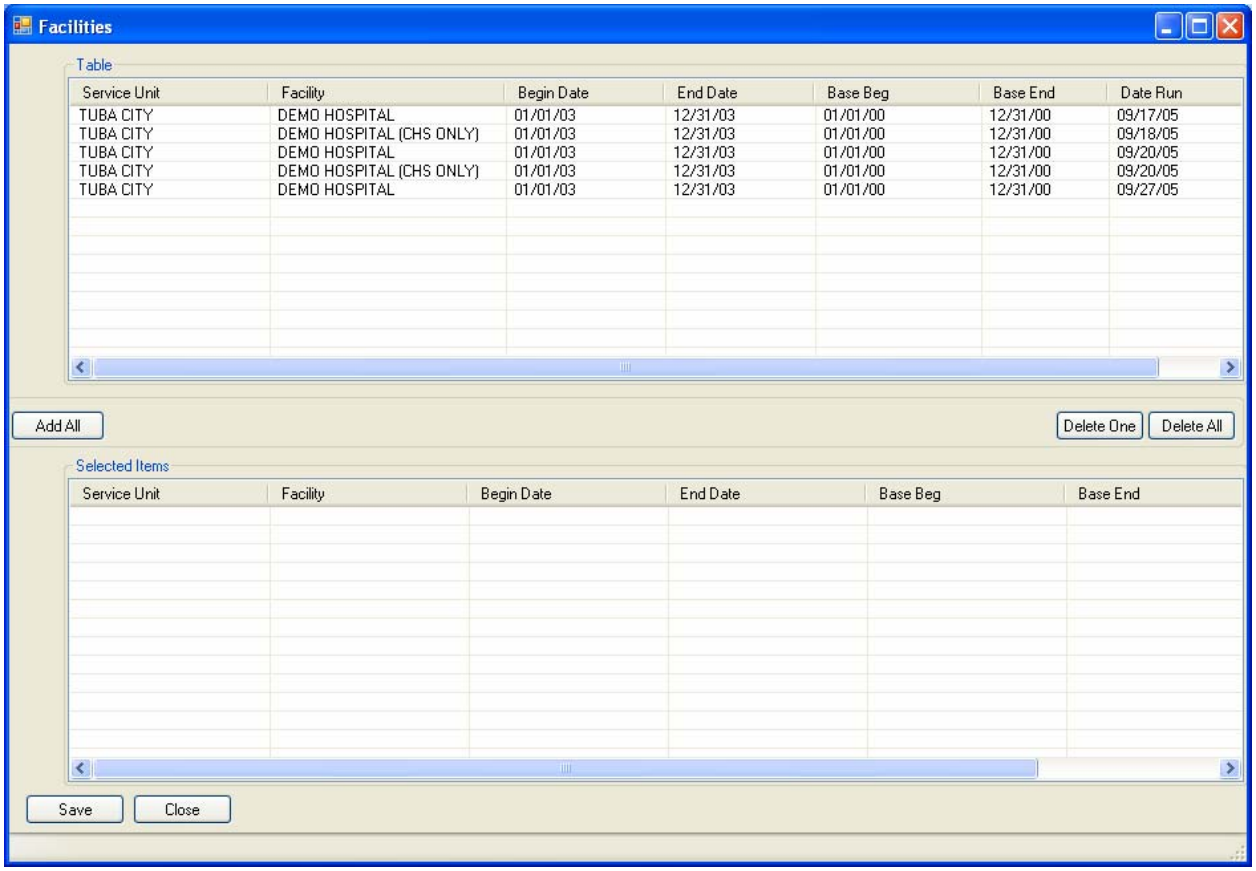


Figure 14-31: Facilities Window

9. To select the facilities to be included, click them, then click the Add One button. To select all listed facilities for the report, click the Add All button. To remove a facility from the Selected Items list, click the facility, then click the Delete One button. To remove all facilities from the Selected Items list, click the Delete All button.

10. Click the Save button when you are finished selecting facilities for the report.

11. Select the output type. Refer to section 14.3.1 step 12 for information on report output options.

12. If you want to change the run date and time of the report, click the parameter to be changed (e.g. the run time) by clicking the item to be changed and pressing the up or down arrows. You may also type in a value, such as changing the time (see Figure 14-11; replacing the time of 10:04 with 1:15).

13. Click Queue to run the report or Close to close the window without running the report.

14. Click OK at the message stating the report has been queued and to use the Check Report Status option to view it. Refer to section 14.5 for information on checking the report status and opening them in Word and Excel.

14.4.4 Area Height and Weight Data File

For background information on this file, refer to section 6.3, step 7.

1. From the Area Options Menu (Figure 14-26), click the Area Height and Weight Data File option.

2. The Area Height and Weight window is displayed (Figure 14-32).

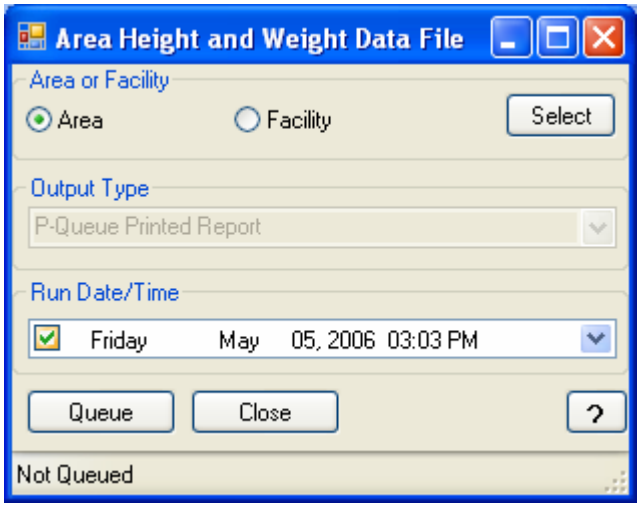


Figure 14-32: Area Height and Weight Window

3. Click the Area radio button to run a report that combines the data for all sites within the Area or click the Facility radio button to create a file that contains only childhood height and weight data for a single facility. The example here is an Area Aggregate report.

4. The Facilities window is displayed (Figure 14-33). All facilities that have had their data files uploaded for the National GPRA report, which is where the height and weight data is stored and comes from, are displayed.

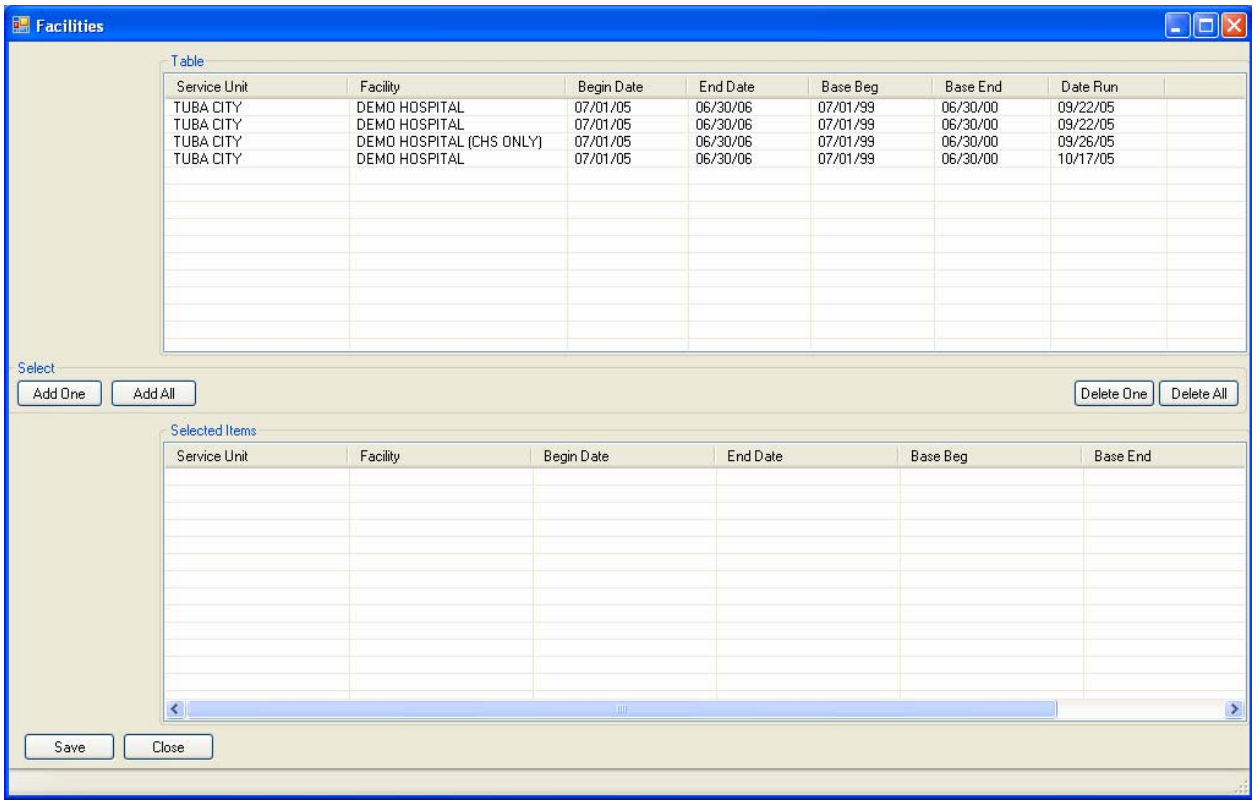


Figure 14-33: Facilities Window

5. To select the facilities to be included, click them, then click the Add One button. To select all listed facilities for the report, click the Add All button. To remove a facility from the Selected Items list, click the facility, then click the Delete One button. To remove all facilities from the Selected Items list, click the Delete All button.

6. Click the Save button when you are finished selecting facilities for the report.

> **NOTE:** There is no printed output option for this file. A delimited data file containing all facility data will be created, which can be manually imported into SAS or Excel. However, be aware that Excel limits the maximum number of records to 65,536 and files that exceed the maximum will be truncated in Excel and the truncated records cannot be imported into Excel.

7. If you want to change the run date and time of the file, click the parameter to be changed (e.g. the run time) by clicking the item to be changed and pressing the up or down arrows. You may also type in a value, such as changing the time (see Figure 14-11; replacing the time of 10:04 with 1:15).

8. Click Queue to run the report or Close to close the window without running the file.

9. A message is displayed informing you of the name of the file and the directory to which it was written, as shown in Figure 14-34 below. Click OK. **NOTE: This delimited file may not be opened by using the Report Status option in the CRS GUI. As with the BG06, GPRANT1, CRSNT1, and CRSNT2 files, it is located in a specific directory on your server. Contact your Site Manager to assist you with locating the file so it can be sent to Dr. Nat Cobb at the Division of Epidemiology.**

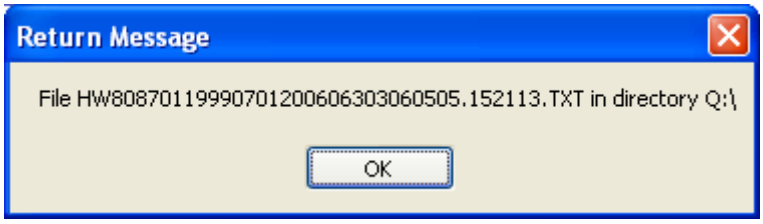


Figure 14-34: Area Height and Weight Data File Message

14.5 Check Report Status and Open GUI Report Files

The Check Report Status window will be used to: (1) view the status of reports you have queued to run and to (2) open the report files in MS Word and/or MS Excel. With the GUI, the files are now physically placed on the computer that was used to run the reports and the process of opening these files has been automated. The files are automatically assigned a filename, so you do not need to assign the name when you are running the report. However, report files beginning with "BG06" that are used for creating the Area Aggregate reports, the GPRANT1 and CRSNT files, and the aggregated Height and Weight Data files (begin with "HW") that are created when the Area National GPRA report is run, will still be written to your network's Public directory, which varies at each facility.

1. Click the Report Status button on the Visual CRS toolbar (Figure 14-35).

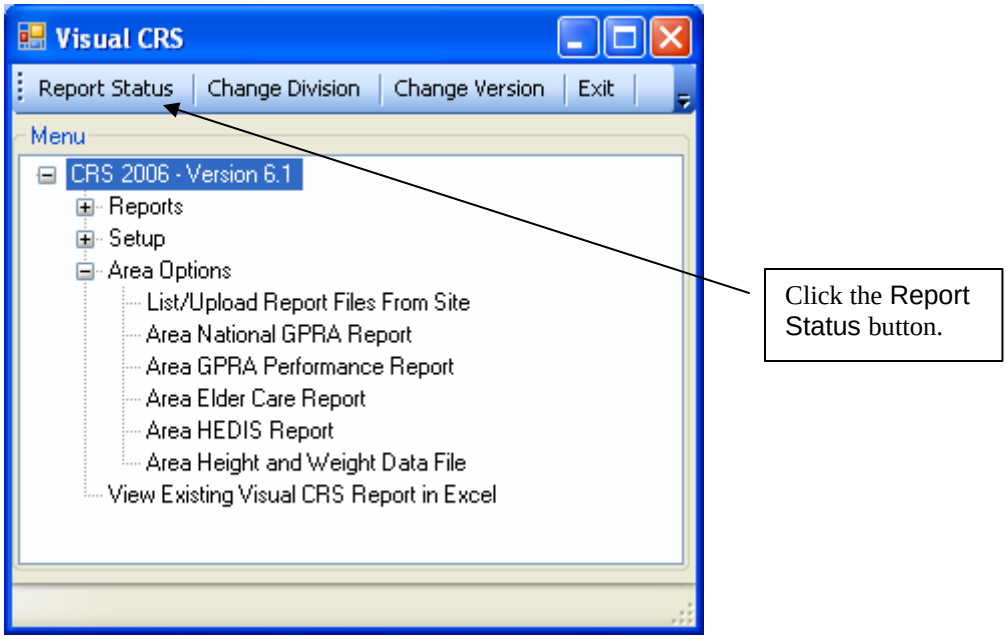
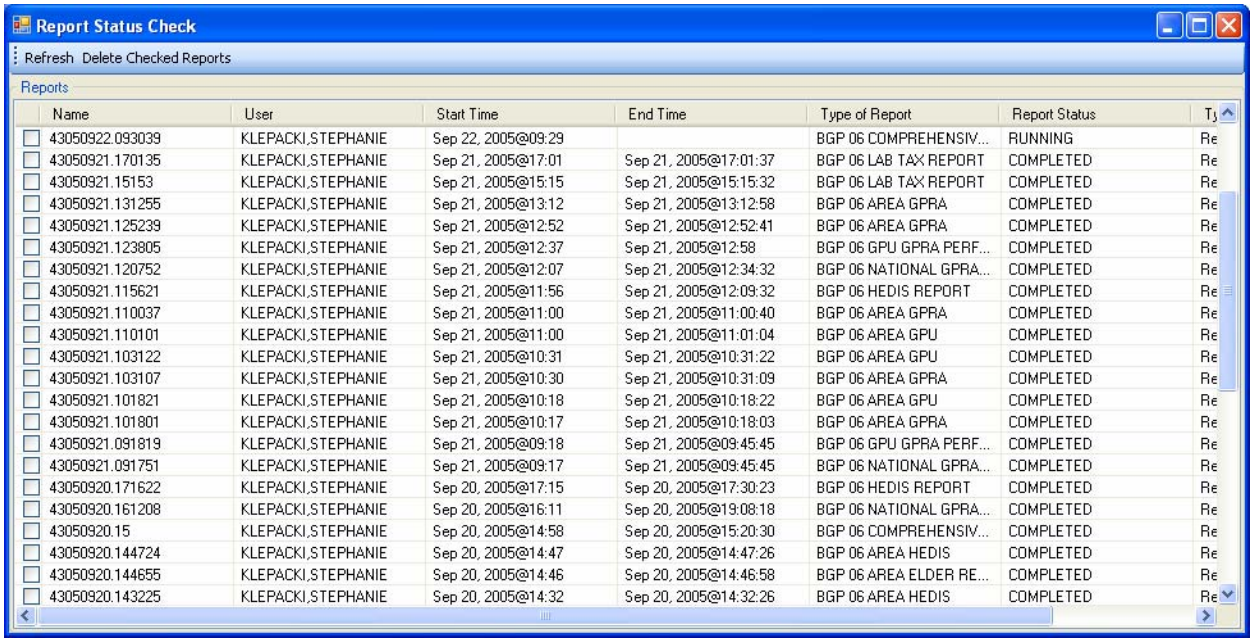


Figure 14-35: Visual CRS Window

2. The Report Status Check window is displayed (Figure 14-36). It lists in descending order (i.e. from most current to oldest) reports that are running and which have completed. Information about the report is displayed, including file name, the user name of the person who ran the report, the time the report started running and the time it ended, the type of report, the status of the report, and the output option. Click the Refresh button at the top right to update the report status.



Name	User	Start Time	End Time	Type of Report	Report Status	Ty
43050922.093039	KLEPACKI,STEPHANIE	Sep 22, 2005@09:29		BGP 06 COMPREHENSIV...	RUNNING	Re
43050921.170135	KLEPACKI,STEPHANIE	Sep 21, 2005@17:01	Sep 21, 2005@17:01:37	BGP 06 LAB TAX REPORT	COMPLETED	Re
43050921.15153	KLEPACKI,STEPHANIE	Sep 21, 2005@15:15	Sep 21, 2005@15:15:32	BGP 06 LAB TAX REPORT	COMPLETED	Re
43050921.131255	KLEPACKI,STEPHANIE	Sep 21, 2005@13:12	Sep 21, 2005@13:12:58	BGP 06 AREA GPRA	COMPLETED	Re
43050921.125239	KLEPACKI,STEPHANIE	Sep 21, 2005@12:52	Sep 21, 2005@12:52:41	BGP 06 AREA GPRA	COMPLETED	Re
43050921.123805	KLEPACKI,STEPHANIE	Sep 21, 2005@12:37	Sep 21, 2005@12:58	BGP 06 GPU GPRA PERF...	COMPLETED	Re
43050921.120752	KLEPACKI,STEPHANIE	Sep 21, 2005@12:07	Sep 21, 2005@12:34:32	BGP 06 NATIONAL GPRA...	COMPLETED	Re
43050921.115621	KLEPACKI,STEPHANIE	Sep 21, 2005@11:56	Sep 21, 2005@12:09:32	BGP 06 HEDIS REPORT	COMPLETED	Re
43050921.110037	KLEPACKI,STEPHANIE	Sep 21, 2005@11:00	Sep 21, 2005@11:00:40	BGP 06 AREA GPRA	COMPLETED	Re
43050921.110101	KLEPACKI,STEPHANIE	Sep 21, 2005@11:00	Sep 21, 2005@11:01:04	BGP 06 AREA GPU	COMPLETED	Re
43050921.103122	KLEPACKI,STEPHANIE	Sep 21, 2005@10:31	Sep 21, 2005@10:31:22	BGP 06 AREA GPU	COMPLETED	Re
43050921.103107	KLEPACKI,STEPHANIE	Sep 21, 2005@10:30	Sep 21, 2005@10:31:09	BGP 06 AREA GPRA	COMPLETED	Re
43050921.101821	KLEPACKI,STEPHANIE	Sep 21, 2005@10:18	Sep 21, 2005@10:18:22	BGP 06 AREA GPU	COMPLETED	Re
43050921.101801	KLEPACKI,STEPHANIE	Sep 21, 2005@10:17	Sep 21, 2005@10:18:03	BGP 06 AREA GPRA	COMPLETED	Re
43050921.091819	KLEPACKI,STEPHANIE	Sep 21, 2005@09:18	Sep 21, 2005@09:45:45	BGP 06 GPU GPRA PERF...	COMPLETED	Re
43050921.091751	KLEPACKI,STEPHANIE	Sep 21, 2005@09:17	Sep 21, 2005@09:45:45	BGP 06 NATIONAL GPRA...	COMPLETED	Re
43050920.171622	KLEPACKI,STEPHANIE	Sep 20, 2005@17:15	Sep 20, 2005@17:30:23	BGP 06 HEDIS REPORT	COMPLETED	Re
43050920.161208	KLEPACKI,STEPHANIE	Sep 20, 2005@16:11	Sep 20, 2005@19:08:18	BGP 06 NATIONAL GPRA...	COMPLETED	Re
43050920.15	KLEPACKI,STEPHANIE	Sep 20, 2005@14:58	Sep 20, 2005@15:20:30	BGP 06 COMPREHENSIV...	COMPLETED	Re
43050920.144724	KLEPACKI,STEPHANIE	Sep 20, 2005@14:47	Sep 20, 2005@14:47:26	BGP 06 AREA HEDIS	COMPLETED	Re
43050920.144655	KLEPACKI,STEPHANIE	Sep 20, 2005@14:46	Sep 20, 2005@14:46:58	BGP 06 AREA ELDER RE...	COMPLETED	Re
43050920.143225	KLEPACKI,STEPHANIE	Sep 20, 2005@14:32	Sep 20, 2005@14:32:26	BGP 06 AREA HEDIS	COMPLETED	Re

Figure 14-36: Report Status Check Window

3. To open a report, simply point to it and click. A loading message will display and after a few moments, the report will open. If you ran both the printed and delimited reports, the printed report will open first in MS Word. Both the printed and delimited reports are automatically saved with the assigned filename in the directory to which the Visual CRS software was installed on your computer. The default directory is c:\temp\cmi\visual crs\. However, you may save these files to a different directory on your computer with more meaningful names so they will be easier to identify.

4. If you ran both a printed and delimited report, after the printed report is opened in MS Word, the following message will be displayed:

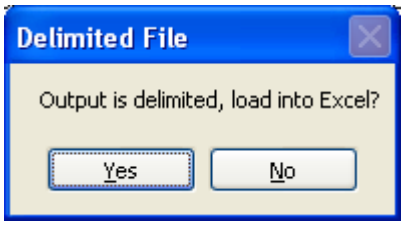


Figure 14-37: Delimited File Message

5. Click Yes to open the delimited file in Excel; otherwise, click No. The report will automatically open in Excel, with the delimiters removed. The report is automatically saved with the assigned filename in the directory to which the Visual CRS software was installed on your computer.

6. To delete a report, click the checkbox at the far left of the report name, then click the Delete Checked Report toolbar option. Reports that didn't complete for various reasons, such as the report was interrupted, and the start date was greater than six days ago will be automatically deleted.

14.6 View Existing Visual CRS Report in Excel

1. From the Visual CRS window (Figure 14-1), click the + at the left of the CRS 2006 folder to open the CRS 2006 menu.

2. Click the View Existing Visual CRS Report in Excel option.

3. The Choose a File window is displayed (Figure 14-38) listing the existing Excel report files. You may change the display to list all files, however, if you select a text (i.e. delimited) file or a printed file to be opened, it will not be automatically formatted for Excel.

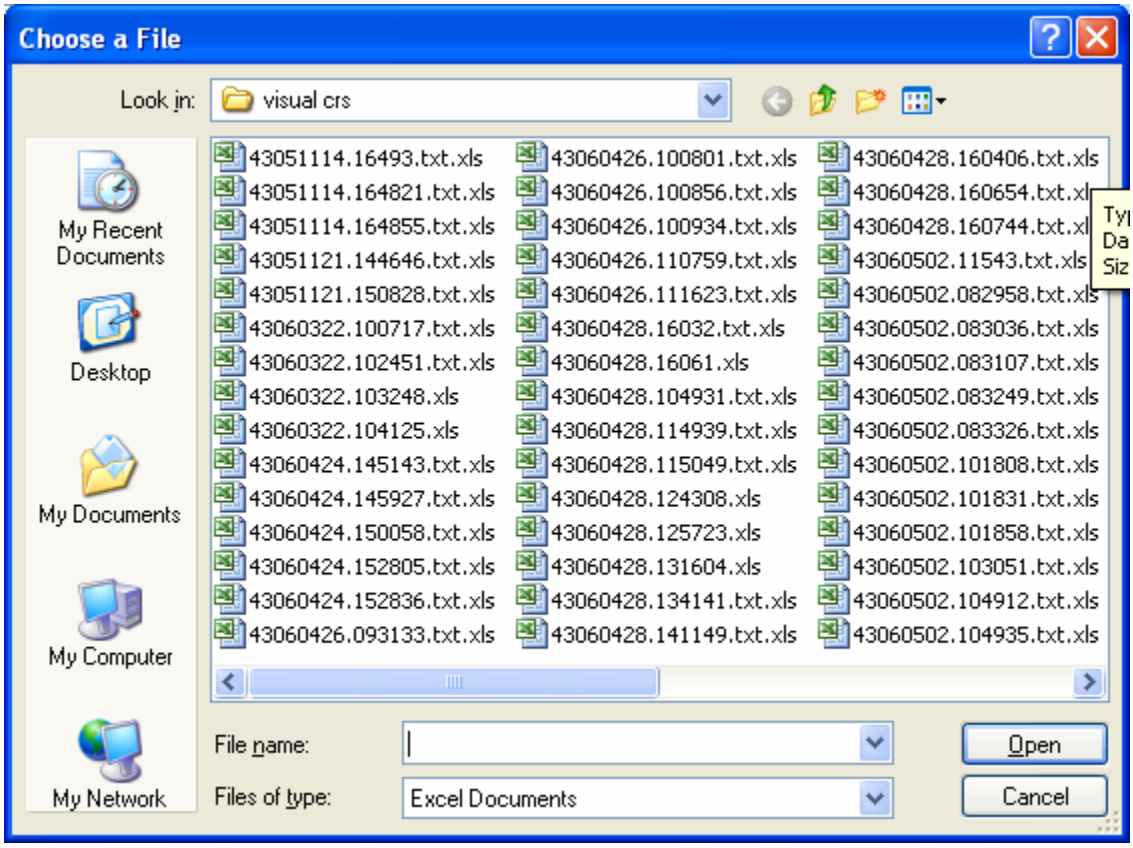


Figure 14-38: Choose a File Window

4. Click the file to be opened and click the Open button. The file is then opened in Excel.

15.0 Contact Information

If you have any questions or comments regarding this distribution, please contact the OIT Help Desk by:

Phone: (505) 248-4371 or
(888) 830-7280

Fax: (505) 248-4363

Web: http://www.ihs.gov/GeneralWeb/HelpCenter/Helpdesk/index.cfm

Email: ITSCHelp@ihs.gov